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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **K93252**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90147 030 ***150.00

| | IE DESIGN STUDIO, INC. | | | | | | | | | 1 |
|---|--|--------------------------------|---|---|-----------------------------|---|---|-------------------------------------|-------------------------------------|------------------|
| Principal Plac | e of Business | Mailing Address | | | | 4 18858151 819 58:98 51158 11005 81518 11 | 11 #1 Bit #1# | | 1811 01911 1881 | |
| 10500 SAN JOS | SE BLVD 24 | C/O ANSBACHER & SCHNI | EIDER. P.A | | Ì | | | | | |
| STE 24 4215 SOUTHPOINT BLVD. SU | | | Suite 100 | ITE 100 | | DO NOT WRITE II | ы тыіс с | DACE | | |
| JACKSONVILLE FL 32257 JACKSONVILLE FL 32216 US | | | | | | 3. Date Incorporated or Qualifed | | | | 1 |
| 00 | | | | | I | 06/05/1989 | | | | ļ |
| 2 Principal P | Place of Business | 2a. Mailing Address | | | | FEI Number | | Ap | plied For | 1 |
| 21 | | 26 | | | " | 59-2951099 | | | t Applicable | 1 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | 1 | \$8.75 | Additional | |
| 22 | | 27 | | | ∵ =5: | Certificate of Status Desired | <i>منت</i> تـــــــــــــــــــــــــــــــــــ | Fee Re | quired | - - |
| City & State | | City & State | | | 6. | 6, Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 | | | | Trust Fund Contribution | J | Added t | o Fees | |
| Zip | Country | Zip | Cour | itry | 8. | This corporation owes the current | | _ | _ | ļ |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | ∐ Yes | □No | - |
| | 9. Name and Address of Current | Registered Agent | | | 10. | Name and Address of New Regi | stered A | gent | <u> </u> | |
| COL | NEIDED MICHAEL N | | | 81 Name | | | | | | |
| SCHNEIDER MICHAEL. N. 4215 SOUTHPOINT BOULEVARD, SUITE 100 | | | Ì | 82 Street | Address (F | O. Box Number is Not Acceptable |) | | | } |
| | KSONVILLE FL 32216 | IE 100 | | | | | | | | - |
| JAC | KSUNVILLE FL 32210 | | | 83 | | | | | | |
| | The state of the s | | ţ | 84 City | | | - L | 85 Zip (| Code |] |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, | | | | 1 1 . | | | <u>FL</u> | la a a i a a i ta | | - |
| office or i | registered agent or both in the State O | t Florida. Silich chande was a | nnnnzea | DV the Corbo | corporation oration's bo | n submits this statement for the purpoard of directors. I hereby accept the | e appoint | ment as re | gistered | ł |
| agent. I a | am familiar with, and accept the obligation | ons of, Section 607.0505, Flo | orida Statu | tes. | | | | | | |
| SIGNATURE | * , * * | | | | | | DATE | | | ۔ ا |
| | Signature, typed or printed name of registered agent | | : Registered | Agent signature r | equired when i | reinstating) | DAIL | | | ő |
| 12. | | NDECTORS | 42 | | | ADDITIONS/CHANGES TO DEFICE | FRS AND | DIRECTO | DRS IN 12 | , , |
| | | DIRECTORS DELETE | 13. | LE | | ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECTO ☐ Change | DRS IN 12 | 11,0 |
| TITLE | DP / | DIRECTORS DELETE | 1,1 TIT | | | ADDITIONS/CHANGES TO OFFICE | ERS AND | | | 711/2 |
| NAME | DP DEMPSEY, GABRIELE | | 1.1 TIT 1.2 NA | ME | | ADDITIONS/CHANGES TO OFFICE | ERS AND | | | =034 (11% |
| NAME STREET ADDRESS | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 | | 1.1 TIT 1.2 NA 1.3 STI | ME REET ADDRESS | | ADDITIONS/CHANGES TO OFFICE | ERS <u>ANE</u> | | | 22E034 (11/0 |
| NAME STREET ADDRESS CITY-ST-ZIP | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL | | 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT | ME REET ADDRESS Y-ST-ZIP | j | ADDITIONS/CHANGES TO OFFICE | | | | CB2E034 (11/6 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT | ☐ DELETE | 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT | ME REET ADDRESS Y-ST-ZIP LE | | ADDITIONS/CHANGES TO OFFICE | | ☐ Change | ☐ Addition | CR2E034 (11/6 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA | ☐ DELETE | 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA | ME REET ADDRESS Y-ST-ZIP LE ME | | ADDITIONS/CHANGES TO OFFICE | | ☐ Change | ☐ Addition | CR2E034 (11/6 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA -10500-24.SAN JOSE BLV#24 | ☐ DELETE | 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS | | ADDITIONS/CHANGES TO OFFICE | | ☐ Change | ☐ Addition | CR2E034 (11/6 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL | ☐ DELETE | 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP | | | | ☐ Change | ☐ Addition | CR2E034 (11/4 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL S | ☐ DELETE | 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS RY-ST-ZIP LE | | | | ☐ Change | ☐ Addition | CR2E034 (11/6 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL S., MCNETT, DONNA | ☐ DELETE | 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME | | | | ☐ Change | ☐ Addition | CR2E034 (11/6 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL S. MCNETT, DONNA 10500-24 SAN JOSE BLV#24 | ☐ DELETE | 1.1 TIT 1.2 NA/ 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS | | | | ☐ Change | ☐ Addition | CR2E034 (11/6 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL S. MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL | ☐ DELETE | 1.1 TIT 1.2 NA/ 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP | | | -21. | ☐ Change | ☐ Addition | CB2E034 (11) |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL S., MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL AS | ☐ DELETE ☐ DELETE | 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS | | | -21. | ☐ Change ☐ Change | Addition | CROE034 (11) |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DP DEMPSEY, GABRIELE 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL DVT MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL S., MCNETT, DONNA 10500-24 SAN JOSE BLV#24 JACKSONVILLE FL AS DEMPSEY, GABRIELE | ☐ DELETE ☐ DELETE | 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS | | | -21. | ☐ Change ☐ Change | Addition | CR2E034 (11) |
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CITY-ST-ZIP xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607. Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not quindicated on this annual report or supplemental annual report is true at officer or director of the control of the feether profuse empowed Block 12 or Block 13 from the feether profuse empowed.

SIGNATURE: