FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93691

(9)

DESIGNER'S TOP SHOP, INC.

FILED
May 01 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address				
108 SOUTH FOREST AVENUE		108 SOUTH FOREST AVENUE				
C/O ROBERT M. FOX JR.		C/O ROBERT M. FOX JR.			DO NOT WRITE IN THIS SPACE	
AVON PARK FL 33825		AVON PARK FL 3382\$			3. Date Incorporated or Qualified	
					06/06/1989	
a Dringing! Di	ace of Business	2a, Mailing Address			4. FEI Number Applied For	
	ace of Business				65-0129640 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S 49 75 Additional	
—					5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
— ·	,	<u> </u>	28		Trust Fund Contribution Added to Fees	
Zip	Country		Zip Country		This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. X Yes No	
24	g. Name and Address of Curren				10. Name and Address of New Registered Agent	
EO	<u> </u>		81	Name		
FOX, ROBERT M., JR. 108 SOUTH FOREST AVENUE AVON PARK FL 33825 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statulioffice or registered agont, or both, in the State of Florida. Such change was agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE			-		And a second to the second to	
	- - -		62	Street	Address (P.O. Box Number is Not Acceptable)	
AVC	JN FARR FL 33823		83		the state of the s	
			84	City	FL 85 Zip Code	
dd Durouppt i	to the provisions of Sections 607 050	2 and 607 1509. Florida Stelulo	e the show	e-named		
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized b	y the corp	poration's board of directors. I hereby accept the appointment as registered	
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statute	S.		
SIGNATURE		AI/XI	Florishmed Am	ant aignatur	o required when reinstating) DATE	
	Signature typed or printed name of registered age OFFICERS AN		13.	ani signatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	A DELETE	1.1 TITLE	• • • • •	PTSD Change Addition	
NAME	FOX, ROBERT M. JR.	7*****	1.2 NAME		FOX, ROBERT M. JE	
STREET ADDRESS	115 LOQUAT DR NW			T ADDRESS		
	LAKE PLACID FL		1.4 CITY -		203 NATURE LN SEBRING FL 33872	
CITY-ST-ZIP TITLE	DANE I EAGID I E	DELETE	2.1 TITLE	31-211	Change Addition	
		Canal December	22 NAME			
NAME				T ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP		☐ DELE TE	2. 4 CITY-	SI-ZP	Change Additio	
TITLE		□ nere it	3 1 TITLE			
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DECET	3.4. CITY-	ST - ZiP	Change Additio	
TITLE		DELETE	4.1 THLE		Li change Li Additio	
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 City-	ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Additio	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	I ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Additio	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		
	parties that the information complied u	ith this filing dose not qualify to			ed in Section 119.07(3)(i). Florida Statutes. I further certify that the information	

Indicated on this annual report or supplied with this mining does not quality for the exemption stated in Section 119.07(3)(f), Frontad Statutes. Intuiting carries the indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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