

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13851 (5)

1. Corporation Name

MORNINGSTAR DESIGN GROUP, INC.



Principal Place of Business

2419 SOUTHEAST DIXIE HIGHWAY
STUART FL 34996

Mailing Address

2419 SOUTHEAST DIXIE HIGHWAY
STUART FL 34996

3. Date Incorporated or Qualified

09/07/1989

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2970981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SICA, VINCENT A.
100 E LEMON STREET
LAKELAND FL 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

124 N. Broadway Ave
ARCADIA

FL

85

Zip Code

33821

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
SICA, GERALD
STREET ADDRESS
2419 SE DIXIE HWY
CITY-ST-ZIP
STUART FL

TITLE ☐ DELETE

NAME
SICA, HELEN
STREET ADDRESS
2419 SE DIXIE HWY
CITY-ST-ZIP
STUART FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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, on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/90

407-286-9790

CR2E034 (12/95)