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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L22518

1. Corporation Name

BRANDON DESIGN, INC.

| Principal Place of Busine |
|---------------------------|
| 3926 NORTHLAKE BLVD       |
| LAKE PARK FL 33403        |

US

Mailing Address

3926 NORTHLAKE BLVD LAKE PARK FL 33403

2a. Mailing Address

Suite, Apt. #, etc.

City & State

US

26

28

29

Name and Address of Current Registered Agent

Zip

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90022 048 \*\*\*150.00



|    | [ 100(15)] and 11516 (166) 4(15) (156) 1511 61911 aven | ., 5,641 01514 67671 1051 |
|----|--|---------------------------|
|    | •  |                           |
|    |  |                           |
|    | DO NOT WRITE IN THIS SPACE                             | CE                        |
| 3. | Date Incorporated or Qualifed                          |                           |
|    | 10/11/1989   |                           |
| 4. | FEI Number   | Applied For               |

65-0144596

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

| BRANDON, ROBERT J., JR. |  |                                       |             |               | Address (P.O. Box Number      | is Not Acceptable)                     |                     |            |
|-------------------------|--|---------------------------------------|-------------|---------------|-------------------------------|--|---------------------|------------|
| 9140 DUNDEE DR          |  |                                       |             |               | ·                             | •                                      |                     |            |
| LAKE                    | WORTH FL 33467   | 83                                    |             |               | •                             |  |                     |            |
|                         |  |                                       | 84          | City          | -                             | ······································ | 85 Zip C            | ode        |
|                         | ,  | · · · · · · · · · · · · · · · · · · · |             |               | corporation submits this str  | •                                      |                     | registered |
| office or re            | to the provisions of Sections 607.0502 and 607.1508, Flo<br>egistered agent, or both, in the State of Florida. Such cha<br>m familiar with, and accept the obligations of, Section 607 | nge was authoi                        | izea by     | the corpo     | pration's board of directors. | I hereby accept the ap                 | pointment as reg    | istered    |
| SIGNATURE               | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Regis                          | stered Agen | t signature r | required when reinstating)    | DATE                                   |                     |            |
| 12.                     | OFFICERS AND DIRECTORS   |                                       | 13.         |               | ADDITIONS/CH/                 | ANGES TO OFFICERS                      | AND DIRECTO         | RS IN 12   |
| TITLE (                 | VD .   | DELETE                                | 1.1 TITLE   |               |                               |  | ☐ Change            | Addition   |
| NAME                    | BRANDON, KAREN D.  |                                       | 1.2 NAME    |               |                               | •                                      |                     |            |
| STREET ADDRESS          | 9140 DUNDEE DR   |                                       | 1.3 STREET  | ADORESS       |                               |  |                     |            |
| CITY-ST-ZIP             | LAKE WORTH FL  |                                       | 1.4 CITY-S  | r- ZIP        |                               |  |                     |            |
| TITLE                   |  | DELETE                                | 2.1 TITLE   |               |                               |  | ☐ Change            | ☐ Addition |
| NAME                    | BRANDON, ROBERT J.   |                                       | 2.2 NAME    |               |                               |  |                     | į          |
| STREET ADDRESS          | 9140 DUNDEE DR   |                                       | 2.3 STREET  | ADDRESS       |                               |  | •                   |            |
| CITY-ST-ZIP             | LAKE WORTH FL  |                                       | 2. 4 CITY-S | T-ZIP         | -                             | <del>-</del>                           |                     |            |
| TITLE                   |  | DELETE                                | 3.1 TITLE   | _             |                               |  | ☐ Change            | ☐ Addition |
| NAME                    |  |                                       | 3.2 NAME    |               |                               |  |                     |            |
| STREET ADDRESS          |  |                                       | 3.3 STREET  | ADDRESS       |                               |  |                     |            |
| CITY-ST-ZIP             |  |                                       | 3.4. CITY-S | T-ZIP         |                               |  |                     |            |
| TITLE                   |  | DELETE                                | 4.1 TITLE   |               |                               |  | Change              | Addition   |
| NAME                    |  |                                       | 4. 2 NAME   |               |                               |  |                     |            |
| STREET ADDRESS          |  |                                       | 4.3 STREET  | ADDRESS       |                               | •                                      |                     |            |
| CITY-ST-ZIP             |  |                                       | 4.4 CITY-S  | T- ZIP        | <u> </u>                      |  |                     |            |
| TITLE                   |  | DELETE                                | 5.1 TITLE   |               |                               | •                                      | ☐ Change            | ☐ Addition |
| NAME                    |  |                                       | 5.2 NAME    |               |                               |  |                     |            |
| STREET ADDRESS          | , ·  |                                       | 5.3 STREET  | ADDRESS       |                               |  |                     |            |
| CITY-ST-ZIP             |  |                                       | 5.4 CITY-S  | T-ZIP         |                               |  |                     |            |
| TITLE                   | ·  | DELETE                                | 6.1 TITLE   | -             |                               |  | ☐ Change            | ☐ Addition |
| NAME                    | ,  | ŀ                                     | 6.2 NAME    |               |                               |  |                     |            |
| STREET ADDRESS          |  |                                       | 6.3 STREE   | FADDRESS      |                               | •                                      |                     |            |
| CITY-ST-ZIP             |  |                                       | 6.4 CITY-S  |               | _                             |  |                     |            |
|                         | partify that the information cumplied with this filing does no   | t gualify for the                     | evemnt      | ion etator    | d in Section 119 07/3\/i\ Fl  | orida Statutes I further               | certify that the in | ntormation |

Country

30

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address with all other like empowered.

**SIGNATURE** 

(SELL) #5037

Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No