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May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L23915 (6)

1. Corporation Name  
DEBONDT DESIGNS, INC.

Principal Place of Business

% MICHAEL DEBONDT  
1415 QUAIL DRIVE  
SARASOTA FL 34231

Mailing Address

% MICHAEL DEBONDT  
1415 QUAIL DRIVE  
SARASOTA FL 34231-3563



3. Date Incorporated or Qualified 10/17/1989  
3a. Date of Last Report 08/12/1996

4. FEI Number 65-0153256  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business

21 5824 BEE RIDGE RD

Suite, Apt. #, etc.

22 SUITE #423

City & State

23 SARASOTA, FL

Zip

24 34233

Country

25 USA

2a. Mailing Address

26 5824 BEE RIDGE RD

Suite, Apt. #, etc.

27 SUITE 423

City & State

28 SARASOTA, FL

Zip

29 34233

Country

30 USA

9. Name and Address of Current Registered Agent

DEBONDT, MICHAEL  
1415 QUAIL DR.  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

81 SAME

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

82 5824 BEE RIDGE RD #423

83

83

84

84

84 SUITE #423

84 SARASOTA

FL

85 Zip Code

85 34233

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

TITLE PD  
NAME DEBONDT, MICHAEL  
STREET ADDRESS 1415 QUAIL DR.  
CITY-ST-ZIP SARASOTA FL

TITLE SDT  
NAME DEBONDT, SUSAN  
STREET ADDRESS 1415 QUAIL DR.  
CITY-ST-ZIP SARASOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 5824 BEE RIDGE RD #423  
1.4 CITY-ST-ZIP SARASOTA, FL 34233

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1st 97 941-365-6464

Date Daytime Phone #

CR2E0347996