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 # 1 34268

1. Corporation ULTIMAT	TE DESIGN CONCEPTS, INC) .							
Principal Place	e of Business	Mailing Address		,		BRI WITH BREAK BIUN	ui ui Bil		
% STEVEN D. YOUNG 815 WHITTINGHAM CT LAKE MARY FL 32746		% STEVEN D. YOUNG 815 WHITTINGHAM CT LAKE MARY FL 32746		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
					12/01/1989	•			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEi Number		App	lied For	2.6
21		26	26		59-2979420			Applicable	=
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		. 75 Ad ee Req	iditional	
22		City & State			A El Su Cara in Electrica				ł
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 N	,	
Zip	Country				8. This corporation owes the current	year Intangible			
24	25	29 30			Personal Property Tax.	Ye		□No	
	9. Name and Address of Curren	t Registered Agent		I	10. Name and Address of New Reg	istered Agent			ł
VOL	NG, STEVEN D.		81	Name					
815 WHITTINGHAM CT			82	Street Addre	ess (P.O. Box Number is Not Acceptable)]
LAKE		83						1	
			93						
			84	City		FL 85	Zip C	ode	
l office or n	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was author	ized by	tne corporatio	oration submits this statement for the pur in's board of directors. I hereby accept th	pose of changi le appointment	ng its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regis	tered Ager	nt signature required	when reinstating)	DATE] ;
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOF	RS IN 12] }
TITLE	Р	☐ DELETE 1,1 TI			-	□ Ch	ange	☐ Addition	3
NAME [YOUNG, STEVEN D.	1.2 NA							3
STREET ADDRESS	815 WHITTINGHAM CT	1.3 ST		ADDRESS					ì
CITY-ST-ZIP	LAKE MARY FL V			T-ZIP				Addition	ł
TITLE			2.1 TTLE			CH	ange	☐ Addition	`
NAME	Citos, collisti.		2.2 NAME						
STREET_ADDRESS				TADDRESS =====					
CITY-ST-ZIP	MAITLAND FL		2. 4 CITY-5 3.1 TITLE	ST-ZIP		ПС	nange	Addition	┨
TITLE		_	3.2 NAME					D	
NAME				T ADDRESS					
STREET ADORESS			3.4. CITY-8	i i					
CITY-ST-ZIP TITLE			1.1 TITLE	31-20r		□ Ct	nange	Addition	١.
NAME			4, 2 NAME		•				'
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE			5.1 TITLE			☐ Cf	ange	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS		5	5.3 STREE	T ADDRESS					
OUTS OT TIP			5.4 CITY-S	T-ZIP					1

CITY-ST-ZIP 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 supplied to the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 cristaged or over a large threat with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90110 036 ***150.00

Addition

☐ Change