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**

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90096 049 ***150.00

r. Corporation	MENT # L59904 ESIGN PRODUCTS, INC.											
Principal Place	of Business	Mailing Address					1 198 (1911 891		10 13111 001	(8 8 9 511 61		1811 61811 1881
2623 GRAND BLVD. 2623 GRAND BLVD.					Ì							
STE. 203						DO NOT WRITE IN THIS SPACE						
HOLIDAY FL 34690 HOLIDAY FL 34690 US US						3. Date Incorporated or Qualifed						
00		00			j		/20/1990					
2. Principal Pl	ace of Business	2a. Mailing Address					Number				Ap	plied For
21 820		26 8203 KR	ISTE	L CIRC	LE	59	-3001727				No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	~	÷-		5. `Cer	rtifcate of Sta	atus De	sired		\$ 8:75 -∉ Fee Re	
City & State		City & State				6. Ele	ction Campa	ign Fin	ancing		\$5.00	May Be
23 PORT	RICHEY FL	28 PORT RICHEY		FL		Trυ	st Fund Con	tributio	n		Added t	o Fees
Zip	Country	Zip 2), ((C	Countr	y US A		-	s corporation			ent year Inta		д.
24 346		29 34668 3	0	02 ~			sonal Proper			enintered (☐ Yes	□No
	9. Name and Address of Current F	registered Agent	8	Name	1/					egistered /	Agent	
KUKEC. KARL						KEC		981				
2623	. 8	2 Street A	\ddres 2 o_	is (P.O. 3	Box Number	is Not	Accepta	RCLE		j		
STE.	8:		<u>~~_</u>		11.21							
HOL						· ·			[a=] =: a			
	84	"YO	RT	T RICHEY FL 85 Zip Code 34668 oration submits this statement for the purpose of changing its registered								
11. Pursuant office or re agent. Lai	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was auti ins of, Section 607.0505, Florid	horized by la Statute	y the corpo s.	ration	s board	of directors.	l herei	y accep	of the appoin	itment as reg	gistered
SIGNATURE	Jul W-	Tuth Ties.	KAI	RL A	_K	VKE	C, Pres		•	2/18/	<u> </u>	
12.	Signature, typed or printed name of registered agent a OFFICERS AND	nd title if applicable. (NOTE: R	egistered Ag	ent signature re-	idnitea w	then reinsta	ITIONS/CHA	ANGES	TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	-							Change	☐ Addition
NAME	KUKEC, KARL		1.2 NAME									
STREET ADDRESS	6505 RIDGE TOP DRIVE		1.3 STRE	ET ADDRESS	ક	203	KRIST	TEL	CIF	RCLE		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-	ST-ZIP	P	ORT	RICHE	5 Y .	FL	3466	8	
TITLE	V	☐ DELETE	2.1 TITLE								Change Change	☐ Addition
NAME	KUKEC, JANET		2.2 NAME	:)		ŧ						Ì
STREET ADDRESS	.6505 RIDGE TOP DRIVE		2.3 STRE	ET ADDRESS	8-	203	KRIST	16L	CIR	CLE		
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-	-ST-ZIP	Po	2KT	RICHE	Υ,	FL	34668		
TITLE		☐ DELETE	3.1 TITLE					•			☐ Change	Addition
NAME			3.2 NAME	:				٠				
STREET ADDRESS			33 STRE	ET ADDRESS								
CITY-ST-ZIP			3.4. CITY-	-							Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE	- 1							☐ criange	
NAME			4. 2 NAM	- 1				,				1
STREET ADDRESS			1	ET ADORESS								
CITY-ST-ZIP			4.4 CITY-								☐ Change	Addition

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 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition