

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90068 026 ***150.00

DOCUMENT # L81447

1. Corporation Name

DESIGNS OF DISTINCTION, INC.

Principal Place of Business

C/O DAVID A. CAMPBELL
3052 SKYLINE COURT
COCOA FL 32922

Mailing Address

C/O DAVID A. CAMPBELL
3052 SKYLINE COURT
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1990

4. FEI Number

59-3046385

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3420 N. Courtenay Pkwy
Suite, Apt. #, etc.

2a. Mailing Address

27 same as principal
Suite, Apt. #, etc.

22 Building # E
City & State

27
City & State

23 Merritt Island Fla.
Zip Country

28
Zip Country

24 32953

25 Brevard

29

30

9. Name and Address of Current Registered Agent

CAMPBELL, DAVID A.
3052 SKYLINE COURT
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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
NAME D
STREET ADDRESS CAMPBELL, DAVID A.
CITY-ST-ZIP 3052 SKYLINE COURT
COCOA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME David A. Campbell (change of address)
1.3 STREET ADDRESS 3331 Biscayne Dr.
1.4 CITY-ST-ZIP Merritt Island, Fla. 32953

☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME Robert Campbell
2.3 STREET ADDRESS 460 E. Crissafulli Rd.
2.4 CITY-ST-ZIP Merritt Island, Fla. 32953

☐ Change ☒ Addition

3.1 TITLE Vice President
3.2 NAME Donna Campbell
3.3 STREET ADDRESS 3331 Biscayne Dr.
3.4 CITY-ST-ZIP Merritt Island, Fla. 32953

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: David Campbell 1/18/99 407 453 6351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)