

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94701** (4)
1. Corporation Name
DESIGNS BY CAROL CAPPADONA INCORPORATED

Principal Place of Business Mailing Address
2851 CYPRESS CREEK ROAD FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0224617** 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 2a. Mailing Address
21 26
Suite, Apt. # etc Suite Apt. # etc
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**VICKIE McDONALD
2851 CYPRESS CREEK ROAD
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPADONA, CAROL	2. NAME	
STREET ADDRESS	2851 CYPRESS CREEK RD	3. STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	4. CITY, ST, ZIP	
TITLE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		7. CITY, ST, ZIP	
TITLE		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		9. STREET ADDRESS	
CITY, ST, ZIP		9. CITY, ST, ZIP	
TITLE		10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY, ST, ZIP		10. CITY, ST, ZIP	
TITLE		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		11. CITY, ST, ZIP	
TITLE		12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		13. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(A), 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: *Carol Cappadona* **carol Cappadona 4/27/95** **305-973-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR