FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L95106

(5)

DESIGNS BY JAYNE, INC.

FILED Jun 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 13174 LAUQUE CT. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FI		L 33410		110 05401	
İ		US		DO NOT WRITE IN 16 3. Date Incorporated or Qualified	IIS SPACE
				08/20/1990	
2. Principal Pr	lace of Business	2a. Mailing Address	8100 01	4. FEI Number	Applied For
21 ろう ろ Suite, Apt	River Edge Rd	26 -3.38 (1 Ve)	carge ra	65-0216941	Not Applicable \$8.75 Additional
22	m, 010.	27		5. Certificate of Status Desired	Fee Required
Oity S State	Piter FL	Cot/8 State Ter	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
21B-12-	Country	ZII	Country	8. This corporation owes or has paid the	
24,554	1 25 USA	in Lauri 1997 (1) Merculati (4) (ari — Li	0 D S A	Personal Property Tax due June 30.	☐ Yes ☐ No
	9, Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Register	ed Agent
	NDON, JAYNE				
13174 LALUQIE CT. PALM BEACH GARDENS FL 33410			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
j .			83		
			84 City		B5 Zip Code
		· · · · · · · · · · · · · · · · · · ·		•	
office or re	t o the provisions of Sections 607 0502 egi ste red agent, or both, in the State c m f am iliar with, and accept the obliga	of Florida. Such change was au	thorized by the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE .		40			
12.	Signature: typast or practice came of rejectivest agent OFFICLAS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	
Tote	0	DELLIE	1.1 TIFLE	The state of the s	Change Addition
NAME	LANDON, JAYNE		1.2 NAME		
STREET ADDRESS	13174 LA LIQUE COURT		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	PALM BEACH GARDENS FL	DELETE	1.4 CHY-S1-7IP		Change Addition
TITLE NAME			2.1 TITLE 2.2 NAME		CT Outside CT Mondou
STREET ADDRESS			2.3 STREET ADDRESS]
CITY-ST-ZIP			2 4 CITY - ST- ZIF		ĺ
TITLE		DELFTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-7/P 4.1 THTE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	1
CFTY+ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		□ DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		19 W
STREET ADDRESS			6.3 STREET ADDRESS	726000000000000000000000000000000000000	1100 / 12
CITY+ST-ZIP			6.4 CITY - S1 - ZIP	類を乗す(元行。(位)	, v ,

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 supplienced a 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed, or on an attachment with an address.