

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M03485** (3)

1. Corporation Name

**EIFFEL DESIGN, INC.**



Principal Place of Business

**501 FAIRWAY DR  
3030 NE 44TH ST.  
DEERFIELD BEACH FL 33441  
US**

Mailing Address

**501 FAIRWAY DR  
3030 NE 44TH ST.  
DEERFIELD BEACH FL 33441  
US**

3. Date Incorporated or Qualified

**08/01/1984**

3a. Date of Last Report

**04/03/1995**

4. FEI Number

**59-2438110**

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 **700 BANYAN TRAIL**

26 **700 BANYAN TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **BOCA RATON, FL**

28 **BOCA RATON, FL**

Zip

Country

Zip

Country

24 **33431**

25 **U.S.A.**

29 **33431**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLATH, ROBERT  
3030 NE 44TH ST.  
LIGHTHOUSE POINT FL 33064**

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 or new registered agent

(Print) Registered Agent signature (if other than registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **PLATH, ROBERT V.**  
CITY-ST-ZIP **3030 NE 44TH ST.  
LIGHTHOUSE PT. FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE ☐ Change ☒ Addition  
2. NAME **Y**  
3. STREET ADDRESS **RENICK, ELIOT**  
4. CITY-ST-ZIP **4101 N 45 AVE  
HOLLYWOOD, FL 33021**

2. TITLE ☐ Change ☒ Addition  
2. NAME **P**  
2. STREET ADDRESS **WILKIN, J.P.**  
2. CITY-ST-ZIP **1280 CYPRESS WAY  
BOCA RATON, FL 33486**

3. TITLE ☐ Change ☒ Addition  
3. NAME **V**  
3. STREET ADDRESS **MACLAUGHLAN, MARGOT**  
3. CITY-ST-ZIP **3030 NE 44 ST  
LIGHTHOUSE PT., FL 33064**

4. TITLE ☐ Change ☒ Addition  
4. NAME **D**  
4. STREET ADDRESS **ANAMS, RICHARD W. JR.**  
4. CITY-ST-ZIP **421 SIXTH AVE. NORTH  
TIERRA VERDE, FL**

5. TITLE ☐ Change ☐ Addition  
5. NAME  
5. STREET ADDRESS

6. TITLE ☐ Change ☐ Addition  
6. NAME  
6. STREET ADDRESS  
6. 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 119.07(3)(k), 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)