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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M48183

(1)

1. Corporation Name

DESIGN DISTRIBUTORS, INC.

Principal Place of Business

OAKWOOD BUSINESS CENTER
800 OAKWOOD LANE
HOLLYWOOD FL 33020

Mailing Address

C O HIXSON, MARIN, POWELL
16100 N.E. 18TH AVE
N. MIAMI BEACH FL 33162-4708



3. Date Incorporated or Qualified
03/12/1987

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0076257

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEOPOLD, NORMAN
THE IVES BLDG
20801 BISCAYNE BLVD, STE 501
NORTH MIAMI BEACH FL 33180

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 ☐ DELETE

NAME PD
STREET ADDRESS BROOKS, GEORGE
CITY-ST-ZIP 3500 ISLAND BLVD #104
N. MIAMI BEACH FL 33180

TITLE ☐ DELETE

NAME SD
STREET ADDRESS BROOKS, JOAN
CITY-ST-ZIP 3500 ISLAND BLVD #104
NO. MIAMI BEACH FL 33180

TITLE ☐ DELETE

NAME D
STREET ADDRESS BROOKS, LORI
CITY-ST-ZIP 3300 NE 192 ST, #303
N. MIAMI BEACH FL 33180

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

George J. Brooks

George J. Brooks

3-7-97

954-921-7184

CR2E034 (9/96)