

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 # **M88574** (2)

1. Corporation Name

HOME DESIGN TECHNOLOGY, INC.



Principal Place of Business

**2269 S. UNIVERSITY DR.
#215
DAVIE FL 33324
US**

Mailing Address

**8948 S.W. 49 COURT
COOPER CITY FL 33328**

3. Date Incorporated or Qualified
06/27/1988

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

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City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANKIN, JANE C.
1500 N.W. 62ND STREET
SUITE 207
FORT LAUDERDALE FL 33309**

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 firm if applicable

(Note: Registered Agent signature must be witnessed by)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DP
TERRY, HARLAN D.
8948 SW 49TH COURT
COOPER CITY FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13.

1. TITLE
2. NAME
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61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 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: *Harlan Terry* **HARLAN TERRY** 3/13/96 (954)6808623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)