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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name

| BUILDE | K DESIGN, INC. | | | | |
|---|---|---|--|--|---|
| Principal Place o | f Business | Mailing Address | | i idalinas ida mada ilaida idalia | |
| 725 N. A1A THE ALHAMBRA, C-204 JUPITER FL 33477 US | | 725 N. A1A The Alhambra. C-204 Jupiter Fl 33477 US | | 3. Date Incorporated or Qualified | 3a. Date of Last Report 03/14/1995 |
| | | | | 11/03/1986 4. FE! Number | 03/14/1983 Applied For |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | 54-0955901 | Not Applicable |
| 21 | | 26 | | | \$8.75 Additional |
| Suite, Apt. #, etc. 22 | | Suite Apt. #, etc | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | Country | 28 | Country | 8. This corporation has liability for | intangible tax under s. 199.032, |
| Zip | 25 | 29 | 30 | Florida Statutes | □ No |
| 24 | 9. Name and Address of Curre | | | 10. Name and Address of New F | legistered Agent |
| | <u></u> | | 81 Name | | |
| RONSIGN | NORE, TERESA L | | 82 Street Add | dress (P.O. Box Number is Not Acceptal. |)(o) |
| | IGLAS DRIVE | | | | |
| | FL 33458 | | 83 | | |
| 00111611 | | | 84 City | | 85 Zip Code |
| | | | ' | pration submits this statement for the pu | FL " |
| S.O.L.TUDE | diagram, or both the obligations of Sec synamic spectorphic connecting the tax OFFICERS A | reaction facial laber 100 DIRECTORS | (A) Buga Salas Aprotasija at ira racija 13. | ADDITIONS/CHANGES TO OFF | CATC FICERS AND DIRECTORS IN 12 Change Addition |
| TITLE | PD | DELFTE | 1 1 TITLE | | Change Addiesin |
| NAME | EDDY, MARILYN D. | | 1.2 NAME | | |
| STREET ADDRESS | 325 BEACH RD., #203 | | 1.3 STREET ADORESS | | |
| City+ST-ZiP | TEQUESTA FL | |) 4 C(TY - S1 - Z)F' | | Change Addition |
| THTLE | VST | DELETE | 2 1 11'LF | | C coarge C coarge |
| NAME | DOWNEY, JOHN E. | | 2 S NAME | | |
| STREET ADORESS | 325 BEACH RD., #203 | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | TEQUESTA FL | DELETE | 2.4 City-St. Zif* 3.1 Title | | ☐ Change ☐ Addition |
| TITLE | D DOUBLEY TOUR E | Дыки | 3.2 NAME | | |
| NAME | DOWNEY, JOHN E. | | 33 STREET ADDRESS | | |
| STREET ADDRESS | 325 BEACH RD., #203 TEQUESTA FL | | 3 4 CHY - ST - ZIF | | |
| CITY - ST - ZIP | IEQUESTA FL | | 4 1 TILE | | Change Addition |
| TITLE | | | 4.2 NAME | | |
| NAME DEDOCE ADDRESS | | | 4.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 4.4.0(1Y+S1+ZIP | | |
| CITY - ST - ZIP TITLE | | ☐ DELETÉ | 5 1 TITLE | | Change Addition |
| NAME | *** | | . 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ACORESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - S1 - ZIP | | Clobara Classica |
| TITLE | 1 | ☐ DELETE | 6 1 THLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ACORESS | | |

City-S1-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 1 further certify that the information indicated on this annual report or suppliermental 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 employeered 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 PHINTED NAME OF SIGNING OFFICEH OR DIR CTOR

4/4/96