

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:35

DOCUMENT # P93000014293 (3)

1. Corporation Name

DESIGN 68 HOMES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/25/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0401830	Applied For Not Applicable
5. Certificate of Status Desired ☒ Yes ☐ No	\$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	
15960 STATE RD 84 SUNRISE FL 33326		15960 STATE RD 84 SUNRISE FL 33326	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
		23. Zip	28. Zip
		Country	Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEGAL INFORMATION SERVICES, INC. 1290 WESTON ROAD, SUITE 214 FT. LAUDERDALE FL 33326		01. Name	
		02. Street Address (P.O. Box Number is Not Accepted)	
		03.	
		04. City	FL 05. 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 the applicable

Signature: Registered Agent (signature required after incorporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	LAAKSO, ERIC	2. NAME	
STREET ADDRESS	15960 STATE RD 84	3. STREET ADDRESS	
CITY, ST, ZIP	SUNRISE FL 33326	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	☐ Change ☐ Addition
NAME	LAAKSO, DEBRA	6. NAME	
STREET ADDRESS	15960 STATE RD 84	7. STREET ADDRESS	
CITY, ST, ZIP	SUNRISE FL 33326	8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. 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 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or person empowered to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DEBRA LAAKSO

1-10-95

305 387 7068