## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P93000018616 (1)

DESIGNTECH ADVERTISING CORP.

Principal Place of Business

SIGNATURE:

Mailing Address

3724-COCOPLUM\_CIRCLE

## **FILED** Jan 27 1998 8:00am Secretary of State



\*3724 COCOPLUM\_CIRCLE\_ **COCONUT\_CREEK\_FL\_33063** COCONUT CREEK FL 33063-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3600 MYSTIC 26 3600 HYSTIL POINTE DR. 65-0426034 Not Applicable Suite, Apt. #, etc \$8.75 Additional 505 5. Certificate of Status Desired Fee Required City & State **\$5.00** May Be 6. Election Campaign Financing AVENTURA AVENTURA 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33180 USA 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARRY NELSON BARRY 3724 GOCOPLUM CIRCLE Street Address (P.O. Box Number is Not Acceptable) COCONUT\_CREEK-FL-93063 84 Zip Code 3 3 180 TURA 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 Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME BARRY NELSON 1.2 NAME 9724 COCOPLUM-CIR: 3600 107571 POINTE DA STREET ADDRESS 1.3 STREET ADDRESS FL 33/80 CITY-ST-ZIP COCONUT CREEK FL 33063 AVG TYPA 1.4 CITY-ST-ZIP TITLE DEI FTF 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE Addition 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP THLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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 attackment with an address.

REQUIRED