1 of 2

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL 11 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037495 (7)**

1. Corporation Name
BOTTOM LINE DESIGNS, INC.

Principal Place of Business	Mailing Address
3976 OAK HAMMOCK LANE FT. PIERCE FL 34981	3976 OAK HAMMOCK LANE FT. PIERCE FL 34981-4521

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 08/08/1996

2. Principal Place of Business
21 2903 Industrial Ave #2
Suite, Apt. #, etc. 22
City & State 23 Ft. Pierce, Fla.
Zip 24 34946 Country 25 USA

2a. Mailing Address
26 2903 Industrial Ave #2
Suite, Apt #, etc. 27
City & State 28 Ft. Pierce, Fla.
Zip 29 34946 Country 30 USA

4. FEI Number: 65-0466623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

9. Name and Address of Current Registered Agent

COMPTON, CONNIE J
3976 OAK HAMMOCK LANE
FT. PIERCE FL 34981

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD STRAWN, CONNIE J. 3976 OAK HAMMOCK LANE FT. PIERCE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002238691--5 -07/15/97--01074--017 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.

561-

Bottom Line Designs
3976 Oak Hammock Lane
Fort Pierce, Florida 34981
(407) 465-4088

July 7, 1997

To whom this may concern,

Please note the correct address. This was sent to my old home and I just received this over the weekend from an old neighbor. I called your # 904-488-9000 and they told me to write a note. If you need to speak with me please call 561-465-4088 ask for Connie.

Thanks

Connie