FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045909 (7)**

1. Corporation Name

MERRITT KNOWLES DESIGN GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1650 SE 17TH ST. SUITE 210 FT. LAUDERDALE FL 33316 US	1650 SE 17TH ST. SUITE 210 FT. LAUDERDALE FL 33316 US

3. Date Incorporated or Qualified: **06/24/1993**
3a. Date of Last Report: **01/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0426948** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEFKOWITZ, WILLIAM H 2170 SE 17TH STREET SUITE 207 FT LAUDERDALE FL 33316	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	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MERRITT, RUTH ANN	12 NAME	MERRITT, RUTH ANN
STREET ADDRESS	1800 S. OCEAN DR., SUITE 406	13 STREET ADDRESS	1905 N. ATLANTIC BLVD APT 9A
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	FT. LAUDERDALE FLA. 33305
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KNOWLES, PATRICK	22 NAME	
STREET ADDRESS	1901 VICTORIA PARK DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	MERRITT, STEVE	32 NAME	MERRITT, STEVE
STREET ADDRESS	1260 ATLANTIC BLVD., SUITE 12C	33 STREET ADDRESS	1905 N. ATLANTIC BLVD APT #12C
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	FT LAUDERDALE FLA. 33305
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Patrick A Knowles V. President · April 19, 1995 (305) 832-0108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0228382 CP