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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # p93000000983

Corporation Nar	me 19950000	• • •							
PONTE V	EDRA DESIGNS, INC.								
incipal Place of E	Business cass Village Circle ca Beach, FL 32082	Mailing Address 3209 Sawgr	ass Vi	illag	ge Cir	dle 082			
onte Vedr	ra beach, FL 32001					3. Date Incorporated or Qualified 08/26/1993	3a. Date 05/	of Last Repo 18/1995	
						4. FEI Number	J		olied For
Principal Place	of Business	2a. Mailing Address				59-3229969			Applicable
		Suite: Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, e	elc.	27 Saite. Apr. #, etc.						Fee Re	
		City & State				6. Election Campaign Financing		\$5.00 Added to	
City & State		28				Trust Fund Contribution			
17.0	Country	Zip	Co	ountry		8. This corporation has liability for	r intangible	e lax unuer s	.50.0561
.* <b>'</b> 2πρ Π	25	29	30	.,		Florida Statutes Yes  10. Name and Address of New I			
],	9. Name and Address of Current	Registered Agent		- <del> </del>	Name of	10. Name and Address of New I			
	*			1-1	Name				
KNECHT	, JOSEPH S. SAWGRASS VILLAGE CI	RCLE		82	Street Add	iress (P.O. Box Number is Not Accep	iable)		
3209 5	VEDRA BEACH, FL 3	32082		83					
PONTE	AUNITY DEPOSITS TO S			84	City		F	85 Zip	Code
				[ ]	,	- For the			ts registered
I1. Pursuant to	the provisions of Sections 607.0502	2 and 607, 1508. Florida S	Statutes, the was authori	zed by	the corpora	ation's board of directors. Thereby ac-			
agent. I am	the provisions of Sections 607,0502 instered agent or both, in the State familiar with, and accept the obligations of the state of the obligations of the state o	ations of, Section 607.050	5, Florida S	statutes			DATE		
agent. I am	the provisions of Sections 607,0502 instered agent or both, in the State familiar with, and accept the obligations of the state of the	nt and tile if applicable  D DIRECTORS	(NOTE Regist	tered Agen			DATE		RS IN 12
agent. I am SIGNATURE Signature	familiar with, and accept the obligation of the	ntions of, Section 607.050	(NOTE Regist	tered Agen  3. 1 TITLE			DATE	ND DIRECTO	RS IN 12
agent. I am SIGNATURE Signature	grance typed or printed name of registered age OFFICERS AND	nt and title if applicable  D DIRECTORS	(NOTE Regist	tered Agen  3. 1 TITLE	it signature requ		DATE	ND DIRECTO	RS IN 12
agent. I am SIGNATURE SIGNATURE 111LE	granular with, and accept the obligation of registered age.  OFFICERS AND  KNECHT, KAREN A.  3209 SAWGRASS VIL	nt and tile if applicable  D DIRECTORS  DELETI  LAGE CIRCLE	(NOTE Regist	tered Agen  3. 1 TITLE 2 NAME 3 STREET.	it signature requ		DATE	ND DIRECTO	RS IN 12
agent I am SIGNATURE  TITLE NAME	granular with, and accept the obligation of registered age.  OFFICERS AND  KNECHT, KAREN A.  3209 SAWGRASS VIL	nt and tile d applicable  D DIRECTORS  DELETI  LAGE CIRCLE  FI. 32082	(NOTE Regist	tered Agen  3. 1 TITLE 2 NAME 3 STREET 14 CITY-S	it signature requ		DATE	ND DIRECTO	RS IN 12
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agent. I am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	granular with, and accept the obligation of registered age.  OFFICERS AND  KNECHT, KAREN A.  3209 SAWGRASS VIL	nt and tile d applicable  D DIRECTORS  DELETI  LAGE CIRCLE  FI. 32082	(NOT) Flegist  (NOT) Flegist  1  1  1  1  1  1  1  1  1  1  1	1 TITLE 2 NAME 1 TITLE 2 NAME 2 1 TITLE 2 1 TITLE 2 1 TITLE 2 2 NAME	e signature requirements ADDRESS 1 - 71P		DATE	ND DIRECTO	RS IN 12
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agent 1 am  SIGNATURE  12.  TITLE  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	granular with, and accept the obligation of registered age.  OFFICERS AND  KNECHT, KAREN A.  3209 SAWGRASS VIL	nt and tile if applicable D DIRECTORS DELETI  LAGE CIRCLE J. FL 32082	(NOT) Regist  [NOT) Regist  [1]  [1]  [2]  [4]  [5]  [6]  [7]  [7]  [8]  [8]  [8]  [9]  [9]  [9]  [9]  [9	tered Agent 3. 1 TITLE 2 NAME 13 SIREET 14 CITY-S 2 1 TITLE 2 NAME 2 2 NAME 2 3 SIREET 2 4 CITY-S	e signature requirements  ADDRESS  F- 7IP  ADDRESS		DATE	ND DIRECTO	RS IN 12 Addition
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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 ari an office of ordirector of the corporation of the receiver or trusted 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 of an artifactories with an address.

4 3066 907-273-9600

GNATURE:

SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-278-9900 SG-5-1-96