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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300060983

PONTE VEDRA DESIGNS, INC.

Principal Place of Business Mailing Address 3209 SAWGRASS VILLAGE CIRCLE 3209 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 08/26/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3229969 Not Applicable 26 21 \$8.75 Additional Suite Ant. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution 23 Country Country Zip This corporation owes the current year Intangible Zic Mo 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KNECHT, JOSEPH S Street Address (P.O. Box Number is Not Acceptable) 3209 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082 83 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE KNECHT, KAREN A 12 NAME NAME 3209 SAWGRASS VILLAGE CIR 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 1.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C/TY-ST-Z/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 YITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C/TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition T DELETE TITLE 62 NAME NAME

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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)