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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064463 (1)

1. Corporation Name

ROBERT SEARL DESIGN GROUP, INC.

2. Principal Office Address
469 SPINNAKER RD
FT LAUDERDALE FL 33326

Mailing Address
469 SPINNAKER RD
FT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered 09/15/1993	3a. Date of last Report 01/21/1994
4. FBI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$0.75 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. 194.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Office Address 21	2b. Mailing Address 26		
State, Apt. #, etc. 22	State, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

SEARL, ROBERT
469 SPINNAKER RD
FT LAUDERDALE FL 33326

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 607.0002 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 607.0005, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is not the corporation)

Date

12. OFFICERS AND DIRECTORS	
1. NAME	D SEARL, ROBERT
2. STREET ADDRESS	469 SPINNAKER RD
3. CITY, STATE, ZIP	FT LAUDERDALE FL 33326
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.03(4)(a), Florida Statutes. I further certify that the information included 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 this corporation or the person or persons empowered to execute this report as required by Chapter 194, Florida Statutes, and that my name appears in Block 12 of this report, changed, or on an attachment with an address.

SIGNATURE: *Robert Theodore Searl*
SIGNATURE AND TYPED OR PRINTED NAME OF BRINKING OFFICER OR DIRECTOR

1/12/95

472-8228