## 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

## DOCUMENT # P9300065875 (5)

KNIT DESIGN GROUP, INC.

Principal Place of Business Mailing Address 2031 SW 70TH AVE 2031 SW 70TH AVE C-11 DAVIE FL 33317 **DAVIE FL 33317-7399** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/16/1993 05/01/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0437716 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARVETT, FREDRIC M 3350 SW 27TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) ONE GRIVE VILLA 63 **COCONUT GROVE FL 33133** 

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.

City

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SIGNATURE	Signature, typed or printed name of registered agent and title if app	Heable (NOTE: F	tog stered Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	West, Diana Foster		1.2 NAME			
STREET ADDRESS	2031 SW 70TH AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33317		1.4 CITY - ST - ZIP			
TITLE	PM	DELETE	2.1 TITLE		☐ Change	Addition
NAME	WEST, ANDRE J		2.2 NAME			
STREET ADDRESS	2031 SW 70TH AVE BAY C-11		2.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33317		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 71TLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREFT ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETÉ	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREFT ADDRESS			
CITY-ST-ZIP			5.4 CHY - S1 - ZIP			
YITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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.

**FILED** 

Apr 21 1997 8:00am

Secretary of State

Zip Code