

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000069777 (9)**

1. Corporation Name
DP DESIGN, INC.



Principal Place of Business 2763 E SUNRISE FT LAUDERDALE FL 33304	Mailing Address 2763 E SUNRISE FT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1993

2. Principal Place of Business 21 4205 N.E. 21 Ave Suite, Apt. #, etc. 22 Suite #2 City & State 23 Ft. Laud. FLA Zip 24 33308	2a. Mailing Address 26 4205 N.E. 21 AVE. Suite, Apt. #, etc. 27 Suite #2 City & State 28 Ft. Laud. FL Zip 29 33308
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4. FEI Number
65-0439473

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CAITO, JOSEPHINE
2763 E SUNRISE
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name POTEET, DIANNE
82 Street Address (P.O. Box Number is Not Acceptable) 4205 N.E. 21 AVE.
83
84 City Ft. Lauderdale, FL
85 Zip Code 33308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CAITO, JOSEPHINE	
STREET ADDRESS 333 SUNSET DRIVE, SUITE 503	
CITY-ST-ZIP FT LAUDERDALE FL 33301	

TITLE D	<input type="checkbox"/> DELETE
NAME POTEET, DIANNE	
STREET ADDRESS 908 NE 4TH STREET	
CITY-ST-ZIP FT LAUDERDALE FL 33301	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME POTEET, DIANNE	
2.3 STREET ADDRESS 4205 N.E. 21 AVE	
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE

10/1/98 954-120-8223

CR2E034 (10/97)