

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000070118 (3)**

1. Corporation Name
SRG DESIGN LTD, INC.



Principal Place of Business
**11586 US ONE
#35
NORTH PALM BCH FL 33408
US**

Mailing Address
**PO BOX 33475
PALM BEACH GARDENS FL 33420**

3. Date Incorporated or Qualified **10/06/1993** 3a. Date of Last Report **01/13/1995**

4. FEI Number **65-0464403** Applied For Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **354 CYPRESS DR**
State, Apt. #, etc.

22 City & State
TEQUESTA FL.

23 Zip **33469** Country **PALM BEACH**

24 25 29 30

9. Name and Address of Current Registered Agent
**SCARFIA, SARA G.
11586 US HWY ONE
#35
NORTH PALM BCH FL 33408**

10. Name and Address of New Registered Agent
81 Name **SARA G SCARFIA**
82 Street Address (P.O. Box Number is Not Acceptable) **3330 FAIRCHILD GARDENS AVE. # 33475**
83
84 City **PALM BEACH GARDENS** FL 85 Zip Code **33420**

11. Pursuant to the provisions of Sections 607.0402 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 607.0503, Florida Statutes.

SIGNATURE: *Sara Scarfia Pres.* DATE: **1/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARFIA, SARA G	1.2 NAME	
STREET ADDRESS	5280 NORTH OCEAN DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	SINGER ISLAND FL 33404	1.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARFIA, RICHARD	2.2 NAME	
STREET ADDRESS	5280 N. OCEAN DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	SINGER ISLAND FL	2.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. 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 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: *Sara B Scarfia Pres* DATE: **1/26/96** 407 845 0759

CR2E034 (12/95)