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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999 OCUMENT # **P93000078790**. Corporation Name

DESIGN GALLERIES OF HERITAGE HOUSE, INC.

## Sep 08, 1999 8:00 am Secretary of State

09-08-1999 90008 011 \*\*\*550.00



ncipal Place of Business Mailing Address						1 10011004 tra 12120 tritt 2014 2214 2214 2214 1222 1244 1221 1244 1244 1244
	OLAS BOULEVARD DALE FL 33301	FORT LAUDERDALE FL 33301	711 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33301 US			DO NOT WIRITE IN THIS CRASE
	•	US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 11/16/1993
Principal Place of Business 2a. Mailing Address				<del></del>		4, FEI Number Applied For
Frincipal F	lace of pushless	26. Walling Address				65-0463672 Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			\$8.75 Additional
	<del></del>	<u>⊢</u> 1				5. Certificate of Status Desired Fee Required
City & State	 9	City & State				6. Election Campaign Financing S5.00 May Be
•		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
	25	29 30	<u> </u>			Personal Property Tax.
	9. Name and Address of Curi	ent Registered Agent				10. Name and Address of New Registered Agent
DAD	NETT, BONNIE			81	Name	
		82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptable)	
	n.e. 4th avenue Auderdale Fl. 33301					
TI L	MUDERDALE FL 33301		ĺ	83		
				84	City	FL 85 Zip Code
Purcuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the at	oove-	-named con	poration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was autigations of, Section 607.0505, Florid	norized	l bv t	he corporat	tion's board of directors. I hereby accept the appointment as registered
GNATURE						red when reinstating) DATE
	Signature, typed or printed name of registered of	agent and title if applicable. (NOTE: Re AND DIRECTORS	13.	Agent	signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
E I	DPS . DELETE		1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ie	BARNETT, BONNIE		1.2 NAME			
EET ADORESSÎ	711 EAST LASOLAS BOULEVARD		1.3 STREET ADDRESS		ADDRESS	
-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP			
-31-41F	DVPT	☐ DELETE	2.1 TITLE			Change Addition
E	KAGAN, ROBERT		2.2 NAME			
EET ADDRESS 711 EAST LAS OLAS BOULEVARD		FVARO	2.3 STREET ADDRESS		ADDRESS	
-ST-ZIP	FORT LAURERDALE EL		2: 4 CITY-ST-ZIP		_	
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′-ST-ZiP			4.4 CITY-		ZIP	
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-ST-ZIP		•	5.4 CIT	Y-ST-	-ZIP	
E		☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition
ε			6.2 NA	ME	ļ	
EET ADDRESS			6.3 STI	REET/	ADDRES\$	
-ST-ZIP			6.4 CIT	Y-\$1-	ZIP	
		I I	_			

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.

**IGNATURE:**