

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 # P94000006504 (2)

1. Corporation Name
DISTINCTIVE DRAFTING DESIGNS, INC.



Principal Place of Business

6201 PRESIDENTIAL COURT
STE. 1
FT. MYERS FL 33919

Mailing Address

6201 PRESIDENTIAL COURT
STE. 1
FT. MYERS FL 33919

2. Principal Place of Business

2a. Mailing Address

21 6314 CORPORATE COURT

26 6314 CORPORATE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE "E"

27 SUITE "E"

City & State

City & State

23 FORT MYERS, FLORIDA

28 FORT MYERS, FLORIDA

Zip

Country

Zip

Country

24 33919

25 U.S.A.

29 33919

30 U.S.A.

9. Name and Address of Current Registered Agent

YORSKI, JAMES R
6201 PRESIDENTIAL COURT
STE. 1
FT. MYERS FL 33919

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
02/06/1995

4. FEI Number
APPLIED FOR 65-0464495

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

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

6314 CORPORATE COURT

83

SUITE "E"

84

CITY FORT MYERS

FL

85 Zip Code

33919

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YORSKI, JAMES R	
STREET ADDRESS	1596 FRANCIS STREET	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KINNAMAN, MARY L	
STREET ADDRESS	2717 SANTA BARBARA BLVD.	
CITY-ST-ZIP	ALVA FL 33920	
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	
2.3 STREET ADDRESS	1670 WERNER DRIVE
2.4 CITY-ST-ZIP	ALVA, FLORIDA 33920
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 (941) 433-5144

CR2E034 (12/95)