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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE

Sandra B. Morth

Secretary of Sta

DIVISION OF CORPORTIONS

1996

P94000012264 (5)

DOCUMENT #

1. Corporation Name

SIGNATURE:

CUSTOM DESIGNS BY D'ONI, INC.

|   |  |   | 1  |   |  | 11 <b>3</b> 18 8411 8161 1481 |
|---|--|---|--|---|--|-------------------------------|
| Principal Place of  | of Business  | Mailing Address   | · · · · · · · · · · · · · · · · · · ·  | L 100/100/1 170 100/1 004/1 00/1 00/1 00/1                      | SE MBINI MBINI NIKIN 10010             | IIDID BANK BIBI MBEL          |
| 938 S.R. 17-A NORTH<br>SEBRING FL 33870<br>US   |  | 938 S.R 17-A. NORTH<br>SEBRING FL 33870<br>US                                       |  |   |  |                               |
|   |  | ••  |  | 3. Date Incorporated or Qualified 02/11/1994                    | 3a. Date of Last f<br>03/16/           | Report<br>1995                |
| 2. Principal Plac   | ce of Business   | 2a. Mailing Address   | · · · · · · · · · · · · · · · · · · ·  | 4. FEI Number   | 1                                      | Applied For                   |
| 21  |  | 26  |  | 59-3234877  |  | Not Applicable                |
| Suite, Apt. #,  | , etc.   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired                                | 1 1                                    | 5 Additional<br>Required      |
| City & State  |  | City & State  |  | 6. Election Campaign Financing                                  |  | <b>)0</b> May Be              |
| <b>23</b>  <br>Zip  | Country  | Zip   | Country  | Trust Fund Contribution   | Addi                                   | ed to Fees                    |
| 24  | 25   | 29  | 30   | B. This corporation has liability for in Florida Statutes ☐ Yes | *                                      | 199.032,                      |
| =======================================   | 9. Name and Address of Currer  |   |  | 10. Name and Address of New Re                                  |  |                               |
|   |  |   | 81 Name  |   |  |                               |
|   | FRIO, DOROTHY L  |   | 82 Street Add  | Iress (P.O. Box Number is Not Acceptable                        | e)                                     |                               |
| 5304 ERIE DRIVE   |  |   | 01 01105(7)110   |   |  |                               |
| SEBRIN  | IG FL 33872  |   | 83   |   |  |                               |
|   |  |   | 84 City  |   | 85 Z                                   | ip Code                       |
|   |  |   |  | oration submits this statement for the purp                     | FL                                     | ·                             |
|   | , and accord the obligations of Sect   | tion 607.0505, Florida Statutes   | 3.   |   |  |                               |
| SIGNATURE s   | lignature, typed or printed hanve of registered agon   | it and title if applicable. (NK   | OTE: Registered Agent signature require  |   | DATE                                   |                               |
| SIGNATURE s   | lignature, typed or printed hanve of registered agon   | nt and title if applicable. (NX<br>ID DIRECTORS                                     | OTE: Registered Agent signature require  | ed when reinstating) ADDITIONS/CHANGES TO OFFIC                 | CERS AND DIRECT                        | ORS IN 12                     |
| SIGNATURE S   | lgrut ire, typed or printed harve of registered agen<br>OFFICERS AN  | at and title if applicable. (NO<br>ID DIRECTORS                                     | DTE: Registered Agent signature require  13. 1.1 TITLE   |   |  | ORS IN 12                     |
| SIGNATURE S<br>12.<br>TITLE NAME  | Ignature, typed or printed harve of registered agen OFFICERS AN D'ONOFRIO, GENNARO A   | at and title if applicable. (NO<br>ID DIRECTORS                                     | DTE: Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  |   | CERS AND DIRECT                        | ORS IN 12                     |
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| SIGNATURE SITURE  NAME SIREET ADDRESS CITY-ST-ZIP   | OFFICERS AN  OFFICERS AN  D'ONOFRIO, GENNARO A  5304 ERIE DRIVE  | nt and title if applicable. (NK<br>ID DIRECTORS  DELETE  JR.                        | TE: Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP  |   | CERS AND DIRECTI                       | ☐ Addition                    |
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| SIGNATURE S  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  | OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND D'ONOFRIO, GENNARO A 5304 ERIE DRIVE SEBRING FL 33872  D'ONOFRIO, DOROTHY L 5304 ERIE DRIVE  | nt and title if applicable. (NK<br>ID DIRECTORS  DELETE  JR.                        | 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 Title  |   | CERS AND DIRECTI                       | ORS IN 12 Addition Addition   |
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Daytime Phone #