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

PROFIT CORPORATION **ANNUAL REPORT**



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000018246 (6) **DOCUMENT #**

DESIGN AND DEVELOPMENT (FUROPE) INC.

DEGIG	IN AND DEVICES MENT LE	onor Lj,	1140.					
Principal Place	e of Business	Mailing	J Address					
400 Australian ave s Suite 100 West Palm Beach Fl 33401		SUIT	400 AUSTRALIAN AVE S SUITE 100 WEST PALM BEACH FL 33401				Date Incorporated or Qualified	
							03/04/1994 05/01/1995	
	lace of Business	2a. Ma	iling Address				4. FEI Number Applied For	
21 Cuito Act	# ata	26					65-0493413 Not Applicable	
Suite, Apt.		27]	ite, Apt #, etc				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stati	e	<u> </u>	y & State				6. Election Campaign Financing \$5.00 May Be	
Ziρ	Country	28 Zu			ountry		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,	
24	25	29		30	,		Florida Statutes Yes No	
	9. Name and Address of Curre	nt Registere	d Agent		Ι.,		10. Name and Address of New Registered Agent	
					81	Name		
	EY, W. GLENN				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
SUITE 1	FLAGLER DR				83			
	PALM BEACH FL 33401				63			
WEST I	ADM OCHOITIE SOTO!				84	City	EI 85 Zip Code	
or register	to the provisions of Sections 607.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ada Sach cha	ande was authori:	zed hu tre	bove n e corpo	ianied corp pration's bo	poration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. Fam	
	Signature, typed or protect name of regularizing					l suprafrite requ	real zheo renstangi QATE	
12. TITLE	OFFICERS AN	ND DIRECTOR	RS DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DUDDLE, ALAN P				1 TIFLE NAME		Change Addition	
STREET ADDRESS	400 AUSTRALIAN AVE S SU	ITE 100				ADDRESS		
CITY-ST-ZiP	WEST PALM BEACH FL 334				C:TY-S	.		
TITLE	D		☐ DELETE		1 TITLE		☐ Change ☐ Addition	
NAME	PEREBOOM, DOUGLASS E			2.2	NAME			
STREET ADDRESS	400 AUSTRALIAN AVE S SU			2.3	STHEET	ADDRESS		
DITY-ST-7.P	WEST PALM BEACH FL 334	V1	DELETE		CITY-S	T ZIP		
NAME			Присп		1 T.TLE NAMe		☐ Change ☐ Addition	
STREET ADDRESS						ADORESS		
CITY-ST-ZIP					CITY-S	1		
TITLE			DELETE	4	1 TITLE		Change Addition	
NAME				4.2	NAMÉ	İ		
STREET ADDRESS				43	STREET	ADDRESS		
CITY-SI-ZIP			/ Doneste		CITY - \$1	1 - 719		
TITLE NAME			DELETE	- 1	1 TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	•					ADDRESS		
City-St-ZiF					CITY-SI			
TITLE			DELE1E		1 TOLE		Change Addition	
NAME				6.2	NAME			
STREET ADDRESS				6.3	STREET	ADDRESS		
CITY-ST-2IF		16 11 6			CITY - S			
certify that oath; that	t the information indicated on this anr	iual report or oration or the	supplemental and receiv <u>er or trust</u> e	nual repor Se empov	tus trui	e and accu	y for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further irate and that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes, and that my name	