PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90080 036 ***150.00

1000	-	
DOCUMENT #	P940001825	_)

1. Corporation Name

DESIGN AND DEVELOPMENT, INC.

DEGIGIA	AND DEVELOT MENT; INC	•				
Principal Plac	e of Business	Mailing Address			i (MAIIS I (IN INII) ABIN ANII ANII ANII ANII ANII	,
400 AUSTRALIA	AN AVE S	400 AUSTRALIAN AVE	S			
SUITE 100 SUITE 100				DO NOT WRITE IN THIS SPACE		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			. 33401	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		<u> </u>
!					03/04/1994	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21					65-0493411	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			e Contiforto of Statue Desired	75-Additional - ee Required
City & Stat	de	City & State			1 **	i.00 May Be
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. Ye 10. Name and Address of New Registered Agent	5 (3/40
	9. Name and Address of Curre	nt Registered Agent	_	81 Name	10. Name and Address of New Registered Agent	
DEM	IPSEY, W. GLENN		\ L			
	S FLAGLER DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	TE 1330		ļ	83	<u> </u>	
WES	ST PALM BEACH FL 33401]	04 01.	85	Zip Code
				84 City	. FL	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change wa ations of, Section 607.0505,	is authorized Florida Statu	by the corpora tes.	rporation submits this statement for the purpose of changi tion's board of directors. I hereby accept the appointment	as registered
	Signature, typed or printed name of registered ag			Agent signature requi	red when reinstating) DATE DATE	ECTODE IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE	DUDDLE MAND		1.1 T/T) 1.2 NA/		_ •	
NAME	DUDDLE, ALAN P 400 Australian ave s suit	TE 100		REET ADDRESS		<u> </u>
STREET ADDRESS	WEST PALM BEACH FL 3340			Y-ST-ZIP		
CITY-ST-ZIP TITLE	D	□ DELETE				ange
NAME	PEREBOOM, DOUGLASS E		2.2 NAI		-	• –
NAME STREET ADDRESS	400 ALIOTOALIANI ALE O OLI	TF 100	R	REET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 3340			TY-ST-ZIP		
TITLE	WEST THEM BENOTTE SONS	☐ DELETE				ange Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4. CD	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TIT	LE	□ cı	ange
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		<u></u>
TITLE		☐ DELETE				ıange ☐ Addition
NAME			5.2 NA	ME		İ

14. 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2 Feb. 99

Change

Addition