

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054933 (4)

1. Corporation Name

DESIGNMANIA INCORPORATED



Principal Place of Business

2401 W. EAU GALLIE BLVD
SUITE 2
MELBOURNE FL 32935

Mailing Address

2401 W. EAU GALLIE BLVD
SUITE 2
MELBOURNE FL 32935

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

21 2358 W EAU GALLIE BLVD

Suite, Apt. #, etc.

22 #6

City & State

23 MELBOURNE FL

Zip

24 32935

Country

25 USA

2a. Mailing Address

26 SAME AS 2

Suite, Apt. #, etc.

27 SAME AS 2

City & State

28 SAME AS 2

Zip

29 SAME AS 2

Country

30 USA

4. FEI Number

59-3233176

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

9. Name and Address of Current Registered Agent

BURGHARDT, DOUGLAS
1431 CARIBBEAN DR.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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]

(NOTE: Registered Agent Signature required when reinstating)

DATE

5/3/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BURGHARDT, DOUGLAS
STREET ADDRESS 1431 CARIBBEAN DRIVE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE V ☐ DELETE

NAME HEVIA, JILL
STREET ADDRESS 355 S. OCEAN DRIVE #301
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE ST ☐ DELETE

NAME BURGHARDT, AUDREY
STREET ADDRESS 1431 CARIBBEAN DRIVE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/3/96 407-253-8828
Daytime Phone #

CR2E034 (12/95)