

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90134 031 \*\*\*150.00

DOCUMENT # P94000058877

1. Corporation Name  
ARACE DESIGNS, INC.



Principal Place of Business  
618 RENAISSANCE POINTE  
#203  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address  
618 RENAISSANCE POINTE  
#203  
ALTAMONTE SPRINGS FL 32714  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 9252 BEAVER COVE  
Suite, Apt. #, etc.  
22  
City & State  
23 APOPKA FL  
Zip  
24 32703  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27 SAME  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
08/01/1994

4. FEI Number  
59-3246101

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARACE, DIRK  
618 RENAISSANCE POINTE  
#203  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name  
DIRK ARACE  
82 Street Address (P.O. Box Number is Not Acceptable)  
9252 BEAVER COVE  
83  
84 City  
APOPKA  
FL 85 Zip Code  
32703

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	ARACE, DIRK	618 RENAISSANCE POINTE, #203	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
S	HOCHMAN, KAREN	618 RENAISSANCE POINTE., #203	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
T	ARACE, DAWN	322 CHELMSFORD COURT	KISSIMMEE FL 34758	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRK ARACE

Date

5/1/99

Daytime Phone #

407 2957418

CR2E034 (1/98)