PROFIT
CORPORATION
ANNUAL REPORT
1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067328

CINNAMON STREET DESIGNS, INC.

Mailing Address

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90014 038 ***150.00 07-27-1999 90010 023 ***400.00



13626 SHIPWATCH DRIVE 13626 SHIPWATCH DRIVE JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/09/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3267545 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00-May Be 6. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Country Courne 8. This corporation owes the current year intangible Zip ☐ Yes 29 30 Personal Property Tax. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DILLINGHAM, PHILLIP I Street Address (P.O. Box Number is Not Acceptable) 10151 DEERWOOD PARK BLVD. **BLDG. 100, SUITE 200** JACKSONVILLE FL 32258 11. Pursuant to the provisions of Sections 507.0502 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 stoneture required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OELETE 1.1 TITLE TITLE BUSER, JILL M 12 NAME NAME 13626 SHIPWATCH DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 1.4 CITY-ST-ZIP CITY-ST-718 Addition DELETE ☐ Change 21 ITTLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-81-22 2.4 CTY-ST-ZP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADORES 3.4. CITY-ST-ZIP CAY-ST-ZP DELETE ☐ Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 mile Change Addition □ DELETE TIN.E 8.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 affect 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:

Sillampekenhred

6/10/99 90/020-9480

CR2E034 (11/98)