FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 28 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078787 (6)**

1. Corporate Name

KINETIC DESIGNS, INC.

Principal Place of Business	Mailing Address
2069 WHITNEY DRIVE **CLEARWATER FL 34620**	**2069 WHITNEY DRIVE** **CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **65-0538301** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

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

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24: 25: 29: 30:

9. This corporation has liability for intangible tax under § 199.042, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CAIN, TOD
2069 WHITNEY DRIVE
CLEARWATER FL 34620

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 Section(s) 607.0505 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

12. OFFICER/S AND DIRECTOR/S	13. ADDITIONS/CHANGES TO OFFICER/S AND DIRECTOR/S IN 12
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE C ☐ Change ☑ Addition NAME Ellen Bahling STREET ADDRESS 233 Rivercrest Dr. CITY-ST-ZIP Palm Harbor, FL 34683
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE V ☐ Change ☑ Addition NAME Paula Kalustian STREET ADDRESS 6980 Lime Ave, NO 47A CITY-ST-ZIP Largo, FL 34641
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE M ☐ Change ☑ Addition NAME Mary Ferrell STREET ADDRESS 649 Cedarbrook Dr. S. CITY-ST-ZIP Pinellas Park, FL 34666-2042
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE P ☐ Change ☑ Addition NAME Tod Cain STREET ADDRESS 2069 Whitney Dr. CITY-ST-ZIP Clearwater, FL 34620
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

14. I DR 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)(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.

SIGNATURE: Tod Cain — Tod Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.95
Date

813 531-0579
Daytime Phone #

0357000 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

DOCUMENT # P94000079702 (4)

1. Corporate Name
ELIZABETH, INC.

Principal Place of Business:
1309 PINE RIDGE CIRCLE EAST
STE. B-3
TARPON SPRINGS FL 34689

Mailing Address:
1309 PINE RIDGE CIRCLE EAST
STE. B-3
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1994
3a. Date of Last Report:

2. Principal Place of Business
21 10 N Missouri Ave
22
23 Largo, FL
24 34640 25 Pinellas

2a. Mailing Address
26 10 N. Missouri Ave
27
28 Largo, FL
29 34640 30 Pinellas

4. FEI Number: 59-3279244 ☐ 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 is eligible for exemption under Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BROIDA, JOEL D ESQ.
605 75TH AVENUE
ST. PETERSBURG BEACH FL 33706

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. Officers and Directors		13. Additions/Changes		
TITLE	D	TITLE	P	☑ Change ☐ Addition
NAME	LUDWISZEWSKI, PETER R	NAME	→	
STREET ADDRESS	1309 PINE RIDGE CIRCLE EAST	STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP		
TITLE	D	TITLE	S	☑ Change ☐ Addition
NAME	LUDWISZEWSKI, ELIZABETH A	NAME	→	
STREET ADDRESS	1309 PINE RIDGE CIRCLE EAST	STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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(1)(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.

SIGNATURE: Peter Ludwiszewski 4-24-95 (813)585-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0461812 FP