SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P94000086873 1. Corporation Name

DESIGN DELIVERY, INC.

23

24

SIGNATURE:

Mailing Address Principal Place of Business 11935 TAMIAMI TRAIL 11935 TAMIAMI TRAIL NAPLES FL 33963 NAPLES FL 33963 2. Principal Place of Business Mailing Address 2a. 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22

5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 Country Country Zip 8. This corporation owes the current year Zip 30 Intangible Personal Property 29 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

Name GALLER, TODD S Street Address (P.O. Box Number is Not Acceptable) 11935 TAMIAMI TRAIL NAPLES FL 33963 83

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 applic | able. (NOT  | E: Registered Agent signature | required when reinstating) | DATE                                    |  |
|----------------|--|-------------|-------------------------------|----------------------------|---|--|
| 12.            | OFFICERS AND DIRECTORS   |             | 13.                           |                            | CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE          | D  | DELETE      | 1.1 TITLE                     | <i>y</i> .                 | Change Addition                         |  |
| VAME           | GALLER, TODD S   | -           | 1.2 NAME                      | • .                        |   |  |
| STREET ADDRESS | 11935 TAMIAMI TRAIL  |             | 1.3 STREET ADDRESS            |                            |   |  |
| CITY-ST-ZIP    | NAPLES FL 33963  |             | 1.4 CITY-ST-ZIP               |                            |   |  |
| TITLE          | D  | DELETE      | 2.1 TITLE                     |                            | Change Addition                         |  |
| NAME           | GALLER, GARY S   |             | 2.2 NAME                      |                            | ļ                                       |  |
| STREET ADDRESS | 11935 TAMIAMI TRAIL  |             | 2.3 STREET ADDRESS            |                            |   |  |
| CITY-ST-ZIP    | NAPLES FL 33963  |             | 2.4 CITY-ST-ZIP               |                            |   |  |
| TITLE          | D  | DELETE      | 3.1 TITLE                     |                            | Change Addition                         |  |
| NAME           | GALLER, GREG D   | _           | 3.2 NAME                      |                            |   |  |
| STREET ADDRESS | 11935 TAMIAMI TRAIL  |             | 3.3 STREET ADDRESS            |                            |   |  |
| city-st-zip    | NAPLES FL 33963  |             | 3.4 CITY-ST-ZIP               |                            |   |  |
| TITLE          |  | DELETE      | 4.1 TITLE                     |                            | Change Addition                         |  |
| NAME           |  | .—          | 4.2 NAME                      |                            |   |  |
| STREET ADDRESS |  |             | 4.3 STREET ADDRESS            |                            |   |  |
| CITY-ST-ZIP    |  |             | 4.4 CITY-ST-ZIP               |                            |   |  |
| TITLE          |  | DELETE      | 5.1 TITLE                     |                            | Change Addition                         |  |
| NAME           |  |             | 5.2 NAME                      |                            |   |  |
| STREET ADDRESS |  |             | 5.3 STREET ADDRESS            |                            |   |  |
| CITY-ST-ZIP    |  |             | 5.4 CITY-ST-ZIP               |                            |   |  |
| TITLE          |  | DELETE      | 6.1 TITLE                     |                            | Change Addition                         |  |
| NAME           | (  |             | 6.2 NAME                      | * e:                       |   |  |
| STREET ADDRESS |  | <del></del> | 6.3 STREET ADDRESS            | • •                        |   |  |
| CITY-ST-ZIP    |  | •           | 6.4 CITY-ST-ZIP               |                            |   |  |

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.

**FILED** 

Jul 07, 1999 8:00 am

Secretary of State

07-07-1999 90003 043 \*\*\*150.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

🔯 Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1994 4 FFI Number

65-0571363



P94000086873 582172-90003-43

11935 N. Tamiami Trail, Naples, FL 34110

941-566-8119

Fax: 941-566-7950

6-30-99

Dear Lin

never received the first notice.

Thank You, Grey Galle