

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P94000089729 (5)**

1. Corporation Name  
**WHITMAN DESIGNS, INC.**



Principal Place of Business

**3534 DOMESTIC AVENUE  
SUITE 25  
NAPLES FL 33942  
US**

Mailing Address

**3435 ENTERPRISE AVENUE  
SUITE 25  
NAPLES FL 33942**

2. Principal Place of Business

21 Subc. Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Subc. Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**ALGER, DAVID W  
3435 ENTERPRISE AVENUE  
SUITE 25  
NAPLES FL 33942**

3. Date Incorporated or Qualified  
**12/09/1994**

3a. Date of Last Report  
**04/25/1995**

4. FFL Number  
**65-0546955**

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, 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. Said 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 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ALGER, DAVID W</b>	
STREET ADDRESS	<b>870 FOREST AVE</b>	
CITY-STATE-ZIP	<b>NAPLES FL</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> DELETE
NAME	<b>ALGER, ANNETTE</b>	
STREET ADDRESS	<b>870 FOREST AVENUE</b>	
CITY-STATE-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NELEMAN, MAARTEN</b>	
STREET ADDRESS	<b>243 MERMAIDS BIGHT</b>	
CITY-STATE-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>ALGER, ANNETTE C.</b>
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not entitle me for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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, as applicable, in the report with an address.

SIGNATURE:

*Anette C. Alger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANNETTE C. ALGER**

**4/5/96 (94) 263 9448**

CR2E034 (12/95)