

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

**FILED**

**Apr 16 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000089729 (5)**

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



Principal Place of Business Mailing Address  
**3534 DOMESTIC AVENUE SUITE 25 NAPLES FL 33942 US**  
**3435 ENTERPRISE AVENUE SUITE 25 NAPLES FL 34104-3628**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 **34104** 25 Country 28 Zip 29 **34104** 30 Country 30 **USA**

3. Date Incorporated or Qualified **12/09/1994** 3a. Date of Last Report **04/09/1996**  
4. FEI 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

**9. Name and Address of Current Registered Agent**

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

**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 **34104**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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-ST-ZIP    | <b>NAPLES FL</b>          |                                 |
| TITLE          | <b>VPST</b>               | <input type="checkbox"/> DELETE |
| NAME           | <b>ALGER, ANETTE C</b>    |                                 |
| STREET ADDRESS | <b>870 FOREST AVENUE</b>  |                                 |
| CITY-ST-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-ST-ZIP    | <b>NAPLES FL</b>          |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>3520 5TH AVE NW</b>   |
| 1.4 CITY-ST-ZIP    | <b>NAPLES, FL 34120-1622</b>   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <b>3520 5TH AVE NW</b>   |
| 2.4 CITY-ST-ZIP    | <b>NAPLES, FL 34120-1622</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do 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.

SIGNATURE: *ANETTE C. ALGER* ANETTE C. ALGER 4/10/97 941-263-9448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)