

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

0677765

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000014262**

1. Corporation Name  
**COLETTE DESIGN, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 25 PM 4:43



Principal Place of Business

5821/5829 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487

Mailing Address

5821/5829 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487

**REINSTATEMENT**

3. Date Incorporated or Qualified

02/20/1995

4. FEI Number

65-0564503

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 **2142 N. Federal Highway**

2a. Mailing Address

26 **SAME AS #21**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **BOCA RATON, FL**

27

City & State

City & State

23 **33487**

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLER, JURGEN  
800 JEFFREY ST #101  
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **665 Jeffrey Street**

84 City

FL

85 Zip Code

**33497**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-23-2001**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **MULLER, JURGEN**  
STREET ADDRESS **12310 SANDWEDGE DR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

1.1 TITLE **P** ☐ Change ☐ Addition  
1.2 NAME **Muller, Jurgen**  
1.3 STREET ADDRESS **665 Jeffrey Street**  
1.4 CITY-ST-ZIP **BOCA RATON, FL 33497**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**500003623205--1**  
**-02/01/01--01084--003**  
**\*\*\*1050.00 \*\*\*1050.00**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE: JURGEN MULLER 01/22/01 561-367-9626**

CR2E034 (11/98)