

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 30 1998 8:00am
Secretary of State

DOCUMENT # **P95000016029 (7)**

1. Corporation Name

BUSYBEE DESIGNERS INC.



Principal Place of Business

**MIAMI INTERNATIONAL MERCHANDISE MART
777 N.W. 72ND AVE. SHOWROOM 3AA23
MIAMI FL 33126
US**

Mailing Address

**MIAMI INTERNATIONAL MERCHANDISE MART
777 N.W. 72ND AVE. SHOWROOM 3AA23
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

65-0570524

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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

FL

85 Zip Code

2. Principal Place of Business

21 145 S.W. 159 Way

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale FL

Zip

24 33326

Country

25 Broward

2a. Mailing Address

26 P.O. Box #560334

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale FL

Zip

29 33355

Country

30 Broward

9. Name and Address of Current Registered Agent

**HANDAL, GEORGETTE
MIAMI INTERNATIONAL MERCHANDISE MART
777 N.W. 72ND AVE. SHOWROOM 3AA23
MIAMI FL 33126**

**145 S.W. 159 Way
Ft. Lauderdale, FL 33326**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HANDAL, GEORGETTE
145 SW 159 WAY
SUNRISE FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HANDAL, MARGARET H
145 SW 159 WAY
SUNRISE FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HANDAL, WIDAD S
145 SW 159 WAY
SUNRISE FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

Georgette Handal

4-30-98 (051)389-4501

CR2E034 (10/97)