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PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P95000022024

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90007 021 \*\*\*150.00

1999

SIGNATURE:

1. Corporation Name  ALL KIND OF DESIGNS, CORP.									_						
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		_							03/17/199		! 				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			L	<del></del>	lied For	1
21				26					65-05669	94				Applicable	4
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional Fee Required					ļ	
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23			28	<del></del>					Trust Fund (				dded to	Fees	4
Zip		Country	-	Zip Cou.			ntry			ition owes the cur	rent year In	tangible Ye □	, - [	XNo	Ì
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<u> </u>	9. Name	and Address of Cure	nit Keyi	isteren viñer	· · · · · · · · · · · · · · · · · · ·		81	Name	10. 144110 4114 1	Address of New	rtogistorou	Aguin			7
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							84	City			FL	85	Zip C	ode	
11. Pursuant	to the provis	sions of Sections 607.05	02 and	607.1508, FI	lorida Statut	es, the at	ove-	named corpo	oration submits this	statement for the	purpose of	changi	ng its r	egistered	7
office or re agent. I as	registered ag ım familiar w	ent, or both, in the State ith, and accept the oblig	e of Flor ations o	rida. Such ch of, Section 60	nange was a 07.0505, Fic	iuthorized orida Stati	by thutes.	ne corporatio	on's board of directo	ors, I hereby acce	ept the appo	ıntment	as reg	istered	
SIGNATURE		,													ì
	Signature, typed	or printed name of registered ag-	ent and title	e if applicable.	(NOTE	Registered	Agent s	signature required	d when reinstating)	<del></del>	DATE	<del></del>			1 :
12.	Signature, typed	or printed name of registered age OFFICERS A			(NOTE	Registered	Agent s	signature required	d when reinstating) ADDITIONS/0	CHANGES TO OF		ND DIR	ECTO	RS IN 12	í
12.	DP Signature, types			ECTORS	(NOTE			signature required		CHANGES TO OF		ND DIR		RS IN 12	60.75
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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 chapted or on an attachment with an address, with all other like empowered.