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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P95000029964

1. Corporation Name
J.Z. DESIGN, INC.



Principal Place of Business
**102 CURACAO LN 25381 Galashields Circle
BONITA SPRINGS FL 34134 33923**
US

Mailing Address
**102 CURACAO LN 25381 Galashields Circle
BONITA SPRINGS FL 34134 33923**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

22-3198717

7. Applied For

Not Applicable

2. Principal Place of Business
21 25381 Galashields Circle

2a. Mailing Address
26 25381 GALASHIELDS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

24 33923

25 USA

29 33923

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZAWACKI, JOANN
102 CURACAO LN
BAREFOOT BEACH
BONITA SPRINGS FL 34134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
25381 GALASHIELDS CIRCLE

83

84 City
BONITA SPRINGS

FL

85 Zip Code
33923

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **ZAWACKI, MARK A**
STREET ADDRESS **102 CURACAO LN**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **25381 GALASHIELDS CIRCLE**
1.4 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **VP** ☐ DELETE
NAME **ZAWACKI, JOANN**
STREET ADDRESS **102 CURACAO LN**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **25381 GALASHIELDS CIRCLE**
2.4 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)