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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90047 022 \*\*\*150.00

DOCHMENT#	P95000029964
DOCOMENT#	P95000029964
1. Corporation Name	1 00000020001

J.Z. DESIGN, INC.


Mailing Address Principal Place of Business

10 <del>2 CURAÇAO LN</del> 국538/ BONITA SPRINGS FL 34494 US	Galashield 1993 Cincie	102 CURAÇÃO EN BONITA SPRINGS 1			3. Date	DO NOT Ve Incorporated or Qualite 12/1995		I THIS SI	PACE.	
2. Principal Place of Busines	S	=2a:=Mailing.Addres	88 <u></u>		4FEI	Number		ن <del>چــدــ</del> ـنــ	A	plied For
21 25381 Galas			SALASH	IELDS CI	22∹	3198717			No.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, 6				ifcate of Status Desire	d 🗆		* -	Additional equired
City & State  23 Donita Sprin	Na Ei	City & State 28 BONITA	SPRING		l l	tion Campaign Financi	ing _			May Be to Fees
Zip	Country	Zip	c	Country	8. This	corporation owes the conal Property Tax.	current y		gible Yes	⊠No
24 33973 . 2	nd Address of Current R		[30]	<del>- 0                                   </del>		ne and Address of Ne	w Regis	<del></del>		
9. Name al	nd Address of Current R	registered Agent		81 Name	10. 14411	HE BIND MUNICIPALITY	in itchio	norca Ag	, <del>,,,,</del>	
ZAWACKI, JOANI	N									
102 CURAÇÃO L	-			82 Street	Address (P.O. B	SHIELBS CI	eptable)	-		
BAREFOOT BEAC				83	901 00101	Offices? C		<u> </u>		<del></del>
BONITA SPRINGS										
	Toma and the second			84 City	17A SPR	.1\		FL	85 Zip	Code うとる
11. Pursuant to the provision	ne of Sections 607 0502 a	and 607 1508. Florid:	a Statutes, the				the purp	ose of ch	anging its	registered
<ul> <li>office or registered agen</li> </ul>	ns of Sections 607.0502 a it, or both, in the State of F , and accept the obligation	Florida. Such chang	e was authoriz	zea by the corpo	oration's board o	of directors. I hereby a	ccept the	appoint	nent as re	egistered <sup>.</sup>
SIGNATURE								ATE		
	printed name of registered agent an OFFICERS AND I			ered Agent signature r		<sup>ng)</sup> TIONS/CHANGES TO			DIRECTO	ORS IN 12
12.	OFFICERS AND I			3.		TIONS/CHANGES TO	OI TOL		C Change	Addition
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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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #