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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032671 (6)

FIRST INNOVATORS AND DESIGNERS CORPORATION

Principal Place of Business Mailing Address						(DALEN MARKANI			
1621 PARADISE ASTOR FL 3210	-	1621 PARADISE LAND ASTOR FL 32102	· · · · · · · · · · · · · · · · · · ·							
						3. Date Incorporated or Qualified 04/26/1995	3a. Date 05/01	of Last R /1996	leport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For		
21		26				59-3322296			ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	7ip	Count	try		This corporation has liability for in Florida Statutes	ntangible ta		. 199.032,	
	9. Name and Address of Curre		T			10. Name and Address of New Re	gistered Ag	ent		
HOL	JSE, JOHN D JR.		8	31	Name					
1621 PARADISE LANE ASTOR FL 32102				32	Street Addre	ress (P.O. Box Number is Not Acceptable)				
, ,,,,,	OII 1 C 02102		ē	33		CONTRACTOR OF THE PROPERTY OF			******	
			Ē	34	City			85 Zip	Code	
							<u> FL</u>			
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by ti	named corpo he corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of cl of the appoir	nanging i ntment as	ts registered registered	
SIGNATURE		N 1								
12.	Signature, typed or printed name of registered as	ent and title if applicable (NOTE ND DIRECTORS	Registered A	Agent	signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDS AND D	IRECTO	2S IN 12	
71111	D	DELETE	1.1 TITLE			ADDITIONS/OFFANGES TO OFFICE		Change	Addition	
NAME	HOLOR IGHT BUB		1.2 NAM	Æ						
STREET ADDRESS	1621 PARADISE LAND	1.3 \$		1.3 STREET ADDRESS						
CITY-ST-ZIP	ASTOR FL 32102 1.40		1.4 CITY	r-\$T	ZIP					
THILE			2.1 TITL	.1 TITLE] Change	Addition	
NAME	HOUSE, VIRGINIA J			2.2 NAME						
STREET ADDRESS	1621 PARADISE LAND			2.3 STREET ADDRESS						
CITY-ST-ZIP	ASTOR FL 32102	T BELETE	2. 4 CIT		ZIP			7 (1)	Addis.	
TITLE			31 TITL				L	Change	Addition	
NAME STREET ADDRESS			3.2 NAM 3.3 STRI		onness					
CITY-S1-ZIP			3.4. CITY							
TITLE		DELETE	4.1 TITL		· ZIF		E	Change	Addition	
NAME			4. 2 NA	_	}		_			
STREET ADDRESS			4.3 STRI		DDRESS					
CITY - ST - ZIP			4.4 CITY							
TITLE			5.1 TITL					Change	Addition	
NAME			5.2 NAM	A E					:	
STREET ADDRESS			5.3 STRI	EET AI	DORESS					
CITY - ST - 7P			5.4 CITY	/-ST-	ZIP					
TITLE		DELETE	6.1 TITU	E				Change	☐ Addition	
NAME			62 NAM	Æ						
STREET ADDRESS			63 STRI	EET AC	DORESS					

14. I do 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 anyaddress.