

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000035504 (6)

1. Corporation Name

DESIGNS @ WORK INC.



Principal Place of Business

2906 SOUTH UNIVERSITY DR.  
#10303  
DAVIE FL 33328

Mailing Address

2906 SOUTH UNIVERSITY DR.  
#10303  
DAVIE FL 33328

3. Date Incorporated or Qualified  
05/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5024 SW 91 AVE

26 5024 SW 91 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ft. Lauderdale FL

28 Ft. Lauderdale, FL

24 33328

25 USA

29 33328

30 USA

4. FEI Number

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC  
4521 PGA BLVD.  
SUITE 211  
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL

85 Zip Code

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 my client agent and the if applicable

(If "SILE" Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D TALLANT, CHARLOTTE F  
STREET ADDRESS % 2906 SOUTH UNIVERSITY DR. #10303  
CITY-ST-ZIP DAVIE FL 33328

TITLE ☐ DELETE

NAME D SCHUCK, MARY E  
STREET ADDRESS % 2906 SOUTH UNIVERSITY DR. #10303  
CITY-ST-ZIP DAVIE FL 33328

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Tallant, Charlotte F  
1.3 STREET ADDRESS 5024 SW 91 AVE  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33328

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D  
2.3 STREET ADDRESS Schuck, Mary E  
2.4 CITY-ST-ZIP 5024 SW 91 AVE  
Ft. Lauderdale, FL 33328

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 954.434-8587

CR2E034 (12/95)