

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036424

1. Corporation Name

Delivery By Design Inc.

Principal Place of Business

118 Lake Griffin Cir.
Casselberry, FL 32707

Mailing Address

118 Lake Griffin Cir.
Casselberry, FL 32707

3. Date Incorporated or Qualified

5/5/95

3a. Date of Last Report

2. Principal Place of Business

21 773 Big Tree Dr.

2a. Mailing Address

26 426 Longwood Cir.

4. FEI Number

59-3312123

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Longwood, FL

City & State

28 Longwood, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

23 Longwood, FL

28 Longwood, FL

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

Zip

24 32750

Country

25 USA

Zip

29 32750

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Andrew Kominik
118 Lake Griffin Cir.
Casselberry, FL 32707

81 Name

Andrew Kominik

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

361 Tulane

83

84 City

Altamonte Springs

FL

85 Zip Code

32814

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 President ☐ DELETE

NAME Andrew Kominik
STREET ADDRESS 118 Lake Griffin Cir.
CITY-ST-ZIP Casselberry, FL 32707

1.1 TITLE President ☒ Change: ☐ Addition

1.2 NAME Andrew Kominik
1.3 STREET ADDRESS 361 Tulane
1.4 CITY-ST-ZIP Altamonte Springs, FL 32814

TITLE Vice President ☐ DELETE

NAME Scott D. Peters
STREET ADDRESS 426 Longwood Cir.
CITY-ST-ZIP Longwood, FL 32750

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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:

Andrew Kominik

PRES.

Andrew Kominik

4-25-96

407-260-6282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)