IND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

ipal Place of Business

ADDRESS

ADDRESS

ADDRESS

ADDRESS

NATURE:

-ZIP

-ZIP

-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90012 007 ***550.00

OCUMENT # P95000037729

D DESIGNS & CONSULTING, INC.

IAWKSNEST BLVD IDO FL 32835		7263 HAWKSNEST BLVD ORLANDO FL 32835				DO NOT WRITE IN THIS	SPACE	į		
						3. Date incorporated or Qualified 05/11/1995	-	~		
incipal Place of Business 2a. Mailing Address 26									d For	
						<u>59-3137676</u>			pplicable	
uite, Apt.	#, etc.	Suite, Apt. #, etc.	t. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
ty & Stat	9	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
p	Country	Zip 29	Cour	ntry		8. This corporation owes the current year Intangible Personal Property. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name					
DRESBACH, JUDITH R				82	32 Street Address (P.O. Box Number is Not Acceptable)					
7263 HAWKSNEST BLVD				02	Sileer Add	gress (1 .O. Box (4diffiber is Not Acceptable)				
ORLANDO FL 32835				83						
			Ì	84	City	FL	85	Zip Cod	le	
office or	to the provisions of sections 607.05 registered agent, or both, in the Starm familiar with, and accept the obli	ite of Florida. Such change was a	authorized	l by f	the corpora	oration submits this statement for the purpose of ch tion's board of directors. I hereby accept the appoin	anging i itment a	its regist es regist	ered ered	
ATURE										
	Signature, typed or printed name of registered as	`	OTE: Register	ed Ag	ent signature re	ADDITIONS/CHANGES TO OFFICERS AN	O DIRE	CTORS	(N. 12	
				1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN			Addition	
		_ =				Change Ad			_ Accilion	
ADDRESS					Doncee					
				1.3 STREET ADDRESS						
ZIP				2.1 TITLE			Char		Addition	
	D Dresbach, William			2.2 NAME		·		ilye L_	1 Variation	
The Advisor of the State of the				3 STREET ADDRESS						
ODI 41100 EL 000E				2.4 CITY-ST-ZIP						
-217	- OLDER GITTO	DELETE	3.1 TIT		-		Chai	nne	Addition	
		I IDESTIC			1		- i Gilai	1145 L	1 //4/0/0/0/1	

6.4 CITY-ST-ZIP -ZIP 🕶 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 dicated 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 n 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 Block 12 or Block 13 if changed, or on an attachment with an address.

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP 5.1 TITLE

DELETE

DELETE

. U DELETE

Change Addition

Addition

Addition

Change

Change