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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000050588

i. Corporatio		050588			
DESIGN	WORKSHOP GROUP, INC.			T I ( <b>na</b> ni <b>ra</b> ) er <b>e</b> parak adam arah panin arah arah arah arah arah arah arah ara	AND AND PAID AND AND INDIVIDU
Principal Plac	ce of Business	Mailing Address		) 1001:1007 114 (0101 3111) 80:11 90:11 80:11 1	LUKBY BUNK BUNDI BUKUT IBIDI KUKI IBUT
	KSHOP GROUP INC.	6201 S.W. 96 ST.			
7340 S.W. 122ND ST. MIAMI FL 33156 MIAMI FL 33156 US			•	DO NOT WRITE IN T	HIS SDACE
US	<b>50</b> , ·	00		3. Date Incorporated or Qualifed	THO DI AOL
•				06/28/1995	•
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0595208	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22 City 8 Sto	***	27		_	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country Zip		Country	Trust Fund Contribution	Added to Fees
24	25	<b>⊢</b> ' -	30	This corporation owes the current year     Personal Property Tax.	rintangsole Maryes ⊡No
	9. Name and Address of Current		-	10. Name and Address of New Register	
Name 81 Name					
SEGAL, ELLEN B			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
6201 S.W. 96 ST. MIAMI FL 33156			<u> </u>	KA POLISZYS L VERTERAL LANGERS CO	المنصورة المراجع والمراجع والم
INITA			83	<b>一种的现在分词和强强的</b>	
			84 City	্ৰাচ্চ চিত্ৰ চিত্ৰ চিত্ৰ চিত্ৰ চাৰ কৰাৰ ক্ৰিয়াৰ চিত্ৰ চিত্ৰ চি	85 Zip Code
ortros con					- <b>L.</b>
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statutes f Florida. Such change was au	s, the above-named corp thorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	e of changing its registered opointment as registered
16 Milagent: Ha	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating}	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEGAL, ELLEN B	•	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL				
TITLE	<b>D</b>		1.4 CITY-ST-ZIP		
	CECAL FLIEND	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	SEGAL, ELLEN B	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ 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 en an attackment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP.

SNATURE AND TYPED OF PRHYED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 30563-1031

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90011 016 \*\*\*150.00

CR2E034 (11/98)