

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000054685 (9)

1. Corporation Name

FLORIDA HOME ENTERTAINMENT DESIGN, INC.



Principal Place of Business

Mailing Address

9220 BONITA BEACH ROAD, SE
SUITE 218
BONITA SPRINGS FL 33927

9220 BONITA BEACH ROAD, SE
SUITE 218
BONITA SPRINGS FL 34135-4235

3. Date Incorporated or Qualified
07/14/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 24201 SO. TAMMIAMI TRAIL
Suite, Apt. #, etc.

26 P.O. BOX 21042
Suite, Apt. #, etc.

4. FEI Number
65-0619832

Applied For
Not Applicable

22 SUITE #2
City & State

27
City & State

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 BONITA SPRINGS
Zip

28 FT. LAUDERDALE
Zip

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

24 FL 25 34135

29 FL 30 33335

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BODLEY, ERIC
9220 BONITA BEACH ROAD, SE
SUITE 218
BONITA SPRINGS FL 33927

81 Name ~~BODLEY, ERIC~~ BODLEY, ERIC
82 Street Address (P.O. Box Number is Not Acceptable)
24201 SO. TAMMIAMI TRAIL
83 SUITE 2
84 City BONITA SPRINGS FL 85 Zip Code 34135

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	VITROFSKY, JAN	
STREET ADDRESS	65 SUSSEX STREET	
CITY-STATE-ZIP	HACKENSACK NJ 07601	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BODLEY, ERIC	
STREET ADDRESS	P.O. BOX 21042	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33335	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KENNEDY, KEITH
3.3 STREET ADDRESS	3661 WINKLER AVE #1417
3.4 CITY-STATE-ZIP	FT. MYERS, FL 33916
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 an address.

SIGNATURE:

 PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97 954-767-0670
Date Daytime Phone

CR2E034 (9/96)