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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000054819 (4)

DOCUMENT # Corporation Name

ADURRABLE DESIGNS, INC.

Principal Place of Business		Mailing Address					
17920 NW 80		17920 NW 80 AVE					
HIALEAH FL 33015		HINCERE I E SOOTS			Date Incorporated or Qualified		
					07/13/1995	UE	
		2a. Mailing Address			4. FEI Number		Applied For
Principal Place		26 27AE			65-0604183		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
3 Z ₄ p	Country	Zφ	Gounta 30			∠S No	
14	25	29			10. Name and Address of New F	legistered Age	ent
	9. Name and Address of Curre	siit negistered Agent	81	Name			
					ess (P.O. Box Number is Not Acceptate	olo)	
DURR, SANDRA L				Street Addr	1955 (P.O. BOX NUMBER IS NOT ACCOUNTED	3.0,	
17920 NW 80 AVE			8:				
HIALEAH	I FL 33015		-	Ί			85 Zip Code
			8-	City		FL	85 Zip Code
familiar with	diagent, or both, in the State of the indiagrams of Se	ection covided include the	utes That Repotence A		ration submits this statement for the purific of directors. Thereby accept the approximation recently in the purificulty of the purificulty of the purific recently in the pur	DA1F	
	OFFICE RS 4	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND D	RECTORS IN 12
12.	D	[] DELETE	1.1710			LJ	Change
TITLE	DURR, TAMRA L		1.2 NAM	E			
NAME	17920 NW 80 AVE		1.3 STRE	ET ADDRESS			
STREET ADDRESS	HIALEAH FL 33015		1.4.0HY	-ST ZIP			O
CITY - ST - ZIP	D	DELFIE	2.1 Ti!!!	F		L	Change Addition
THILE	DURR, SHIRLEY A		2.2 NAM	ŧ.			
NAME	11350 SW 42 TERR		23518	ELL ADDRESS			
STREET ADDRESS	MIAMI FL 33165		2.4 015	-S1-ZP			Change
CITY - ST - ZIP	D MINISTE BOTOS	DELF18	3 1 1 1	,F		L.J	Change
	WHITESELL, JO-DENE L	·	3.2 NA ³	1:			
NAME	7230 FAIRWAY DR #F-1	7	33 \$1	REET ADDRESS			
STREET ADDRESS	MIAMI LAKES FL 33014	•	3.4.01	r - S1 - ZiF			Change Addition
CITY-ST-ZIP TITLE	MINAMI CALLO I L GOOT	DELET	4 1 Jil	ιŧ		L	Cuards El voquen
NAME			42 NA	VIE.			
NAME OFFICE ADDRESS			43 SD	LEET ADDRESS			

4.4 City - ST - ZiP

5.3 STREET ADDRESS

5 4 CITY - ST-ZIP

5 1 TITLE

5.2 NAME

6 1 T.TLE

6.2 NAME 6.3 STREET ADORESS

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

THLE

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not quality 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 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 certify 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.

DELETE

DELETE

Sandra L. Durr 4/30/96

Change

Change

Addition

Addition