

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000055272 (5)**

1. Corporation Name

NAUTILUS DESIGN SERVICE, INC.



Principal Place of Business

**8110 SOUTHWEST 20TH STREET
NORTH LAUDERDALE FL 33068**

Mailing Address

**8110 SOUTHWEST 20TH STREET
NORTH LAUDERDALE FL 33068**

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 **5406 RAIN TREE TRAIL**

Suite, Apt. #, etc.

2a. Mailing Address

26 **5406 RAIN TREE TRAIL**

Suite, Apt. #, etc.

4. FEI Number

69-0608172

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

22 City & State

23 **FORT PIERCE, FL**

Zip

24 **34982**

County

27 City & State

28 **FORT PIERCE, FL**

Zip

29 **34982**

County

9. Name and Address of Current Registered Agent

**PERSINGER, SUSAN E
8110 SOUTHWEST 20TH STREET
NORTH LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name **SUSAN E. PERSINGER**
82 Street Address (P.O. Box Number is Not Acceptable)
5406 RAIN TREE TRAIL
83
84 City **FORT PIERCE** FL 85 Zip Code **34982**

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 agree to the obligations of a registered agent under the Florida Statutes.

SIGNATURE **SUSAN E. PERSINGER**

Signature typed or printed name of registered agent (not to be typed)

(NOTE: Registered Agent Signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PERSINGER, SUSAN E**
STREET ADDRESS **8110 SOUTHWEST 20TH STREET**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **SUSAN E. PERSINGER**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, 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 appointment with an address.

SIGNATURE: **SUSAN E. PERSINGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 461-6909
Daytime Phone #

CR2E034 (12/95)