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

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**FILED PROFIT** Feb 06 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000070437 (5) DOCUMENT # MODELS BY DESIGN, INC. Mailing Address Principal Place of Business 1220 US HIGHWAY ONE STE F 1220 US HIGHWAY ONE STE F NO. PALM BEACH FL 33408 NO. PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0609859 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt # elc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALWAISE, LORRAINE <del>4300-UO HIOHWAY-ONE OTE 203/303</del> Street Address (P.O. Box Number is Not Acceptable) 82 JUPITER FL-83477 --83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, iamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change wagent. I am familiar with, and accept the obligations of, Section 607.0505 poard of directors. I hereby accept the appointment SIGNATURE Signature, typed or peniod name of registered agent and the if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VICE-PRES DELETE 1.1 TOL Change Addition THUE CHARLES BALDO 191 H COLFVIEW RO. ALWAISE, LORRAINE NAME 1.2 NAMI 1220 US HWY ONE STE F. STREET ADDRESS 1.3 STREET ADDRESS NO. PALM BEACH FL 33408 CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - 7(P DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAM8 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z(P DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET AUDRESS

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14. Thereby certify that the information supplied with this ting 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 eath; that I am an officer or director of the corporation or the corporation 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 shanded, or on the attachment with an address.