

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90006 014 \*\*\*150.00

DOCUMENT # **P95000080894**

1. Corporation Name

**ELEVATOR DESIGN CORPORATION**



Principal Place of Business

3440 N.E. 12TH AVE.  
FT LAUDERDALE FL 33334  
US

Mailing Address

3440 N.E. 12TH AVE.  
FT LAUDERDALE FL 33334  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/18/1995**

4. FEI Number

**65-0613965**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **2660 N.E. 1ST ST.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **ROMANO BEACH**

27

City & State

City & State

23 **FLORIDA**

28

Zip

Zip

Country

24 **33062**

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORAN, COLETTE L**  
**5261 NE 17 AVE**  
**FT LAUDERDALE FL 33334**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

**33306 2**

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 **P** ☐ DELETE  
NAME **MORAN, JOHN P**  
STREET ADDRESS **5261 NE 17 AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

# ELEVATOR *Design* CORPORATION

3440 N.E. 12th Avenue 2660 N.E. 1st St. (954) 568-9818  
Fort Lauderdale, FL 33334 POMPANO BEACH, FL (954) 561-7819  
33062

8/18/99

P95D00080894  
009420-90006-14

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATION

TO WHOM IT MAY CONCERN  
RE ELEVATOR DESIGN CORPORATION

PLEASE BE ADVISED THAT I JUST RECEIVED THIS  
2ND NOTICE. I EVEN RECEIVED THE 1ST NOTICE

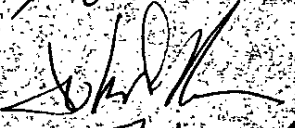
WE ARE NO LONGER AT THIS ADDRESS 3440 N.E. 12th Ave  
WE MOVED IN NOVEMBER OF 98 AS THE  
BUSINESS CLOSED AT THAT LOCATION

WE ARE KEEPING THE CORPORATION ACTIVE  
TO PAY CREDITORS AND KEEP AN ACTIVE PHONE  
LINE

ENCLOSED IS THE RENEWAL FEE OF 150

I DON'T HAVE ANY INCOME AND CAN'T AFFORD  
THE \$50 PLEASE HELP

THANK YOU



JOHN MORAN