SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of DIVISION OF COR					ONS	Secretary of State					
	MENT # P9500 DESIGN SOLUTIONS, INC.	00082931 (3))								
Principal Place of Business Mailing Address						4 JOSTICO DI TAN SELE	Rinit Balif Bâlil ât	itet musus shist sini t få		ISBN SORI	
815 CANAL BOYNTON &	ORIVE BEACH FL 33435	815 CANAL DRIVE BOYNTON BEACH FL 30	815 CANAL DRIVE BOYNTON BEACH FL 33435				O NOT WRITE	IN THIS SPACE			
						3. Date Incorporated	or Qualified	3a. Date of La	st Repo	ort	٦
						10/30/1995		07/15/19	96		1
	Place of Business	2a. Mailing Address				4. FEI Number				ed For]
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Sulte, Apt 22 City & Ste		Suite, Apt. #, etc.	27			5. Certificate of State		Fee Required			
23	il O	City & State				6. Election Campaig Trust Fund Contril	-		00 Ma		1
Zip	Country	Zip	Coun	trv					ed to F		-
24	25	29	30	,		8. This corporation of Personal Property			Intang N		
	9. Name and Address of Curr		1001			10. Name and Addre					┨
C	ADARET, ALBERT J III			B1	Name						1
8	15 CANAL DRIVE		5	B2	Street Ac	Idress (P.O. Box Number is	Not Acceptab	lo)			4
B	OYNTON BEACH FL 33435			-	Oli ODE 7 K	AND CONTROL OF THE MEDICAL	Not Acceptab	167			
			1	B3						~	1
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				- 1	•				Zip Coo		ĺ
Diffice or	to the provisions of Sections 607.0 registered agont, or both, in the Sta am familiar with, and accept the obt	ate of Fiorida. Such change was a	authorized	bν	the corpo	proporation submits this state ration's board of directors.	ement for the p hereby accep	urpose of changir t the appointment	g its re as reg	gistered istered	
SIGNATURE	an jamar min, sno dosope ine obi	nganono or, openon ear.acco, i n	onda Olaid	103	•						ı
SIGNATION	Signature, typed or printed name of registered in	agent and little Happlicable (NOT	E. Flegistered	Ager	nt signature re	quired when reinstating)		DATE			ı
12.		AND DIRECTORS	13.			ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIRECT	ORS II	N 12] <u>f</u>
TITLE	0	☐ DELE‡E	1.1 TITL	£				Chan	ge 🗀	Addition] \$
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CITY-ST-ZIP	BOYNTON BEACH FL 33435				I - ZIP						ؤلٍ
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TITLE		☐ DELFTE	6.1 TITLE			•	****	Chan	ne l	Addition	1

CATY-ST-ZIP 64 CITY+ST-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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

Addition

FILED

Sep 18 1997 8:00am