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

PROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

P95000086411 (2)

AGELESS DESIGN INC

	5 DEGIGIN, INC.		· 							
Principal Place of	f Business	Mailing Address				i imbisabi atā imimi mistr maitr galir i	1914) 4819) 19110 6 11	114 9469)	(144) 1181 1481	
12633 159TH COURT NORTH 12633 159TH COURT NORTH JUPITER FL 33478 JUPITER FL 33478										
						3. Date Incorporated or Qualified 11/09/1995	3a. Date of I			
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number	?	─	Applied For	
21		26				102-001033	<u>-</u>		Not Applicable Additional	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee F	Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Added	May Be d to Fees	
Zip	Country	Zip	<u> </u>	untry		8. This corporation has liability for i	intangibile tax ⊍ □ No	nder s	199.032,	
24	25	29	30			Florida Statutes Yes 10. Name and Address of New R		nt		
	9. Name and Address of Curre	nt Registered Agent		81	Name	IV. Haille bile Mudicas of New I	-Siere on Lily			
4000000		e inc				/0.0 Par N. art - 12 Nat A	lo)			
	ATE CREATIONS ENTERPRISE	o inc.		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ne)			
4521 PGA SUITE 21				83	l					
	i ACH GARDENS FL 33418							SE 7.	p Code	
				84	City	ration submits this statement for the pur	FL	[]		
familiar with	d agent, or both, in the State of Flor , and accept the obligations of, Sec gnature, typed or printed name of registered age	ction 607.0505, Florida Statute	es.			and is seen its this second to each the appared of directors. I hereby accept the app	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TITLE	D	☐ DELETE	1.1	TITLE				Change	☐ Addition	
NAME	WARNER, MARK L		1.2 h	NAME						
STREET ADDRESS	% 12633 159TH COURT NO	RTH	1.3 \$	STREET	CZBROCA					
CITY-ST-ZIP	JUPITER FL 33478			CITY-S	ST - ZIP			Change	Addition	
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			■ 22N	NAME						
NAME	SOKOLOFF, ELLEN F	DTU.								
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SIGNATURE: <u></u>

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-90 101-144-9572