## **PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherinė Harris

Secretary of State DIVISION OF CORPORATIONS:

1999 DOCUMENT # P95000090384

C. RANDY DESIGN, INC.



**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90125 045 \*\*\*150.00

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Principal Place		Mailing Address			
1320 S. DIXIE	TIGHWAY	1320 S. DIXIE HIGHWAY SUITE 700			
CORAL GABLES FL 33140		OCHAL GABLES FL 33146"		DO NOT WRITE IN THIS SPACE	
			0 44	Date Incorporated or Qualifed	
			OF COM.	11/21/1995	Applied For
2. Principal Pl		2a. Mailing Address	100SPINITED	4. FEI Number 65-0639301	Applied For Not Applicable
21 540	Z VIVIVEISI I UK.	26 HULLE (104	7004,00		\$8.75 Additional
Suite, Apl.	105 1000 120	27 BOROLE (	200 UM:	5. Certificate of Status Desired	Fee Required
City & State	AL GANTS FI	28 CONTROL CA	120 MERRIC	6. Election Campaign Financing Trust Fund Contribution	\$5,00 May Be
Zio.	2 D Country	Zip(JEP) SOA	Stowney 1849	8. This corporation owes the curre	
23 33 2	24-20125 [154]	29 71 22	10-2020	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current R	tegistered Agent	7 2021	10. Name and Address of New R	egistered Agent
GOR	DON, LEWIS G-ESQ.		81 Name	ARL R. STOW	1000 mm 4-1100
1320	3. DIXIE HIGHWAY		82 Street Addre	05 INVERSITY	DENE#110B
	E 700		83	NOM RABIT	
C <b>O</b> T	AL GABLES FL 33148	•	84 City	UIUTU - UIUTU	E 85 70584911-
	·				FL 85 33/24
11. Pursuant	to the provisions of Sections 607.0502 at egistered agent, or 50th, in the State of F m familiar with, and accept the abligation	nd 607/1508, Florida Statutes Florida/ Such change was auti	, the above-named corpo norized by the corporatio	oration submits this statement for the p on's board of directors. I hereby accept	the appointment as registered
office or n			And the Asset		L-1/3/1
office or n agent. I a	m familiar with, and accept the obligation	ns of Septlem 607.9595, Florid	a Statutes.	<i>4/14</i>	5/0//
office or n agent. I a SIGNATURE	( W/1 / K_	IX II WW		3/1-	DATE
office or n agent. I a	m familiar with, and accept the abligation Signature, typed or printed them of registered legals on OFFICERS AND E	d the Fappicable. (NOTE: R	a Statutes.  Spinishered Agent signature required  13.	d when remstating)	DATE FICERS AND DIRECTORS IN 12
office or n agent. I a	Signature, typed or printed filents of radiosessed legistration	d the Fappicable. (NOTE: R	gistered Agent signature required	d when remstating)	DATE
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office or n agent. I a SIGNATURE 12.	Storeture, typed or printed files of registered together and D	d the Pappicable. (NOTE: R	13.	d when remstating)	DATE FICERS AND DIRECTORS IN 12
office or n agent. I a SIGNATURE 12. TILE NAME	Storuture, typed or printer file for registered together for OFFICERS AND ED STANO, CAPIL R	d Bits if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d when remstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition
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qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under eath; that I am an vered to execute this report as required by Chapter 6p7, Florida Statutes; and that my name appears in 14.1 I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or trustee empty. Block 12 or Block 13 if changed, or on appartachment with an adverse.

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