


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

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90005 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P950000096033					
1. Corporation Name PENNINGTON DESIGN GROUP, INC.					
Principal Place of Business 512 S.W. Port St Lucie Blvd. Port St. Lucie, FL 34953		Mailing Address 512 S.W. Port St Lucie Blvd. Port St. Lucie FL 34953			
2. Principal Place of Business 21 514 S.W. Port St Lucie Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 514 S.W. Port St Lucie Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01-06-1996	
22		27		4. FEI Number 65-0636763 Applied For Not Applicable	
23 Port St Lucie FL City & State Zip Country 34953 U.S.A.		28 Port St Lucie FL City & State Zip Country 34953 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PENNINGTON, TODD A. 1407 14th Lane Palm Beach Gardens, FL 33418			10. Name and Address of New Registered Agent 81 Name JANICE M. DECKER 82 Street Address (P.O. Box Number is Not Acceptable) 514 S.W. Port St. Lucie Blvd. 83 84 City Port St. Lucie FL 85 Zip Code 34953		
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 <u>JANICE DECKER</u> JANICE DECKER 7-25-99 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 PRESIDENT <input checked="" type="checkbox"/> DELETE NAME PENNINGTON, Todd STREET ADDRESS 1400 Village Blvd #301 CITY-ST-ZIP WEST PALM BEACH FL 33409			1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DECKER, DAN 1.3 STREET ADDRESS 4298 S.W. XENON street 1.4 CITY-ST-ZIP Port St. Lucie FL 34953		
TITLE VICE PRESIDENT <input type="checkbox"/> DELETE NAME GELDART, JAMES STREET ADDRESS 1100 MOFFET STREET CITY-ST-ZIP HALENDALE FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SECRETARY <input type="checkbox"/> DELETE NAME DECKER, DAN STREET ADDRESS 4298 S.W. XENON St CITY-ST-ZIP Port St Lucie FL 34953			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Dan Decker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/99 **(561) 336-3152**
Date Daytime Phone #

CR2E034 (11/98)