

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.)

APPROVED
AND
FILED

pg. 1

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

97 AUG 22 AM 8:28

DOCUMENT # **P96000038302 (1)**

1. Corporation Name

DESIGNS IN SOLID SURFACE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| Principal Place of Business 2122 WEST CENTRAL BLVD. ORLANDO FL 32805 | Mailing Address 2122 WEST CENTRAL BLVD. ORLANDO FL 32805 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|---------------------|---------------------|---------------------|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/29/1996 | | 3a. Date of Last Report | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3375561 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent ALBACHIAO, VINCENT 2122 WEST CENTRAL BLVD. ORLANDO FL 32805 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) 200002277122--2 | | |
| | | | | 83 | City ORLANDO | | |
| | | | | 84 | Zip Code 32805 | | |

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

Vincent Albachiao
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/31/97
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | Vice President <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vincent ALBACHIAO | 1.2 NAME | |
| STREET ADDRESS | 2122 WEST CENTRAL BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32805 | 1.4 CITY-ST-ZIP | |
| TITLE | CEO <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALVATORE SPROVIERI | 2.2 NAME | |
| STREET ADDRESS | 35 LAURA DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ADDISON, IL 60101 | 2.4 CITY-ST-ZIP | |
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHARLES SPROVIERI | 3.2 NAME | |
| STREET ADDRESS | 35 LAURA DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ADDISON, IL, 60101 | 3.4 CITY-ST-ZIP | |
| TITLE | Secretary <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVE SPROVIERI | 4.2 NAME | |
| STREET ADDRESS | 7304 GRAND AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ELMWOOD PARK, IL 60635 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 in an attachment with an address.

SIGNATURE

Vincent Albachiao

8/1/97

42-02-7772

CR2E034 (4/97)



DESIGNS IN SOLID SURFACE INC.

2122 W. CENTRAL BLVD.
ORLANDO, FL. 32805
407-423-7738
FAX 407-423-7838

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July 31, 1997

Florida Department of State
Secretary of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

I am in receipt of the 1997 Profit Corporation Annual Report Packet "Second Notice". I have no record of ever receiving the first notice and as such I am submitting the base fee of \$165.00. I spoke with one of the Department employees and was instructed to pay the base fee and ask for abatement of the late fee because I have no record of ever receiving the first notice.

Thank you in advance.

Vince Albachiaro