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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90012 041 ***150.00

DOCUI	MENT # P96000	0389	03	<u>~</u> `							
Corporation	AY HOME DESIGNS, INC.										
יור דרוווט	AT FIGHE BEGIAND, INC.	1-5-4						1 JERUS PAL KIR (2018 BUSU AFNI) AR		111 4 1 1 8 11 1 14 111 1	ATAN IIIK TAA
	:	14 g					1				
Principal Place	of Business	Mailing /	Address	-			1	I 1891/601 (IN INIIS NII) NEILI AN)		ALB# ITH FEBT
3300 DOW LANE 3300 DOW LANE								. ,			
SPRING HILL FL 34609 SPRING HILL FL 34609								DO NOT WO!	-	00405	
								DO NOT WRIT	IE IN THIS	SPACE	
							1	05/09/1996			
2 Drivers of D	lace of Business	Jo Maili	ng Address					FEI Number		Anr	lied For
'	ace of business	26	ng Address				1	59-3390985		نىنىد. اسىرا	Applicable
Suite, Apt.	# etc		, Apt. #, etc.							\$8.75 A	
22	., 5.0.	27	, , , , ,				5.	Certifcate of Status Desired		Fee Red	quired
City & State	0	\rightarrow	& State				6.	Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_	Coun	itry		8.	This corporation owes the curr	ent year int		_
24	25	29	3	30				Personal Property Tax.			□No
	9. Name and Address of Currer	t Registered	Agent			•	10.	Name and Address of New F	legistered	Agent	
544	DOM				81 N	lame					
RAY, BRITT					82 S	treet Addre	ess (P.	O. Box Number is Not Accepta	ible)	·	
3300 DOW LANE					_						
SPH	ING HILL FL 34609			1	83						
		•		Ī	84 C	ity			FL	85 Zip C	ode
44 Durayant	to the provinces of Sections 607.050	12 and 607 150	08 Florida Statutes	s the abo	 ove-na	med como	ration	submits this statement for the		changing its	registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Su	ch change was aut on 607.0505, Florid	thorized I da Statut	by the	corporation	n's bo	ard of directors. I hereby accep	ot the appoi	ntment as reg	istered
SIGNATURE											
	Signature, typed or printed name of registered age			Registered A	Agent sign	nature required		instating) DDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AN	DIRECTOR	DELETE	1.1 TITL	<u> </u>	·		DDITIONS/CHANGES TO OF	TOLINO AI	Change	Addition
TITLE				1.2 NAV						_ ,	_
NAME	RAY, BRITT 3300 DOW LANE			1.3 STREET ADI		nocee .					
STREET ADDRESS	SPRING HILL FL 34609	* 3									
CITY-ST-ZIP	V	<u> </u>	☐ DELETE	1.4 CITY 2.1 TITL	Y-ST-ZIF	<u> </u>				("] Change	Addition
TITLE	RAY, JILL	,		2.2 NAM						_ •	_
NAME	3300 DOW LANE	•		•		DESS.					
STREET ADDRESS	SPRING HILL FL 34609			1	2.3 STREET ADORESS 2.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	OF MING THE FL 34003		☐ DELETE	3.1 TITL		T	_			Change	Addition
				3.2 NAM						_ •	_
NAME express approves					REET ADD	DRESS					
STREET ADDRESS					Y-ST-ZI						
CITY-ST-ZIP TITLE			☐ DELETE	4.1 T/TL		<u> </u>				Change	☐ Addition
NAME				4. 2 NA						-	
				4	REETADO	DRESS					
STREET ADDRESS					Y-ST-ZIF						•
TITLE			☐ DELETE	5.1 TITL						Change	☐ Addition
NAME				5.2 NAM					:	-	
STREET ADDRESS					REETADI	DRES\$					
CITY-ST-ZIP					Y-ST-ZIF	1					
TITLE			DELETE	6.1 TITL						☐ Change	Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

