## 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

## DOCUMENT # P96000040685

ILLUSTRATIONS TO A DESIGN, INC.

Principal Place of Business	
8040 SANIBEL DRIVE	

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90192 039 \*\*\*150.00



		sa-iii — A Jakana				<del>-</del>		LBA 18191 BTA 1881
Principal Place	e of Business	Mailing Address						
8040 SANIBEL I TAMARAC FL 3	=	8040 SANIBEL DRIVE TAMARAC FL 33321		DO NOT WRITE IN THIS SI	0ACE			
						DO NOT WRITE IN THIS SI  3. Date Incorporated or Qualified	ACE	
						· ·		
<u> </u>		2a. Mailing Address				05/13/1996 4. FEI Number	T	Applied For
<b>–</b>	ace of Business	<del>-</del>				,,	$\vdash$	Not Applicable
21 26			65-0671784		00-00/1/64	\$8.75 Additional		
		Suite, Apt. #, etc.	AC.			5. Certificate of Status Desired Fee Require		
27     27     City & State   City & State		_ :		<del></del>	6. Election Campaign Financing	\$5.0	0 May Be	
¬					Trust Fund Contribution		d to Fees	
Zip			ntry		8. This corporation owes the current year Intangible			
24	25	29	30			1	Yes	□No
		Current Registered Agent	1001			10. Name and Address of New Registered Ag	ent	
				81	Name			
DELC	COTTO, WENDY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	_	
8040	SANIBEL DRIVE			02	Street Addre	ess (F.O. Box Number is Not Acceptable)		
TAM/	ARAC FL 33321			83				
	,			84	City	FI	85 Zij	p Code
						FL	ļ	
office or re agent. I ar	enistered eacht ar both in the	e State of Florida. Such change was a e obligations of, Section 607.0505, Flo	uthonzec	וז עם נ	he corporatio	oration submits this statement for the purpose of chen's board of directors. I hereby accept the appointment	nent as	registered
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE	: Registered	Agent	signature required	f when reinstating) DATE		
12.	OFFICE	ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE	1.1 TI	TLE		Į	Chang	e
NAME	DELCOTTO, WENDY		1.2 NA	AME				
STREET ADDRESS	8040 SANIBEL DRIVE		1.3 ST	REET #	ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CI		TY-ST-	-ZIP			
TITLE		☐ DELETE	2.1 TT	πE		ţ	] Chang	e
NAME			2.2 N	AME				
STREET ADDRESS			2.3 ST	REET #	ADDRESS			
CITY-ST-ZIP			2.4 C	ITY-ST	-ZIP		=	E A Jak
TITLE		☐ DELETE	3.1 TI	TLE		L	Chang	e
NAME			3.2 NA	AME				j
STREET ADDRESS			3.3 \$1	TREET /	ADDRESS			
CITY-ST-ZIP				ITY-ST	-ZIP		7.01	- I Addis
TITLE		☐ DELETE	4,1 TT	TLE		1	]] Chang	e 🔲 Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S1	TREET /	ADDRESS			}
CITY-ST-ZIP			4.4 CI	TY-ST-	-ZiP			
TITLE		☐ DELETE	5.1 TITLE				Chang	e 🗌 Addition i
NAME			5.2 N/					
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				TY-ST-	-ZIP			
TITLE		☐ DELETE	6.1 TI			•	Chang	e 🗌 Addition
NAME	,		6.2 NA		1			Ì
STREET ADDRESS			6.3 ST	TREET	ADDRESS			
CITY-ST-ZIP	•		6.4 CI	ITY-ST-	-ZIP			

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: