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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043490 (7)

CUSTOM DESIGN CERAMICS, INC.

Country

9. Name and Address of Current Registered Agent

25

DILL PHYLLIS 1

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

29

10101 SE 170TH LANE SUMMERFIELD FL 34491

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

10101 SE 170TH LANE SUMMERFIELD FL 34491

## FILED Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

' Added to Fees

☐ Yes

Not Applicable

 Date Incorporated or Qualified 05/15/1996

59-3386082

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

10101 SE 170TH LANE						
SUMMERFIELD FL 34491			82 Street Address (P.O. Box Number is Not Acceptable)			
-		83				
		-	_	ta		
		84	C	пу	FL 85 Zip Code	
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered  12. OFFICERS AND DIRECTORS  13.			stered Agent signature required when reinstating)  DATE  APPLITION OF CHANGES TO OFFICE AND DIRECTORS AND DIRECTOR			
TOTLE	D DELETE	1.1 TITLE		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME	DILL, PHYLLIS L				Criange Addition	
	10101 SE 170TH LANE	1.2 NAME				
STREET ADDRESS		1.3 STREE		·   '	(2) come as 12	
CITY-ST-ZIP	SUMMERFIELD FL 34491	1.4 CITY - 5	ST-ZIF	<u> </u>		
TITLE	D DELETE	2.1 TITLE			V 32 Change Addition	
NAME	DILL, WALLACE W	2.2 NAME		þ	ר	
STREET ADDRESS	10101 SE 170TH LANE	2.3 STREET	ADD	RESS	Some as 12	
CITY-ST-ZIP	SUMMERFIELD FL 34491	2. 4 CITY-	ST-ZII	P	<u> </u>	
TITLE	☐ DÉLETE	3.1 TITLE			Change Addition	
NAME		3.2 NAME		1		
STREET ADDRESS		3.3 STREET	ADOF	RESS		
CITY - ST - ZIP		3.4. CITY-	ST-ZII	P		
TITLE	☐ DELETE	4.1 TITLE			Change Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET	ADDR	ESS		
CITY-ST-ZIP		4.4 CITY-S	T-ZIP			
TITLE	DELETE	5.1 TITLE			Change Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADDA	ESS		
CITY-ST-ZIP		5.4 CITY-S	T- ZIP			
TITLE	DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET	ADDR	ESS		
CITY-ST-ZIP		6.4 CITY-S				
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 13 if changed, or on an attachment with an address.						

Country

81 Name

30

SIGNATURE: WALLEN A PHILL REQUIRED

M1-17-98

300-2117-2776