## 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 # **P96000050363**1. Corporation Name

SCAN DESIGN OF MIAMI, INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90112 005 \*\*\*150.00



	8.4-30 A 4.1		-	I \$6013001 ISD \$8\$10 BISH 06HI 00H	IC NOTES NOTES OF	IST RESESTION	Milde illi ibez	
Principal Place of Business Mailing Address								
3025 SUNNY ISLES BLVD. 1153 BENNETT DRIVE								
NORTH MIAMI BEACH FL 32750		LONGWOOD FL 32750			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					06/10/1996			
6 5 1 1 1 5 1	- A Duning	2a. Mailing Address			4. FEI Number		Ar	plied For
2. Principal Place of Business		<b>⊢</b> '			59-3510602		<u> </u>	t Applicable
21		26			59-55 10002		\$8.75	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	
22		City & State			+			<del></del> -
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		Zip Country			Trust Fund Contribution			IO F BES
Zip	Country			•	8. This corporation owes the curre		ngible Yes	□No
24	25	29 30	<u> </u>		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	81	I Maria N. A	10. Name and Address of New R	egisterea A	Baur	
				Name K	P. Knudsen			
MASSEY, GARY E			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
112 W CITRUS ST			ļ <sup></sup>		60 Webster A			
ALTAMONTE SPRINGS FL 32714-2577								
			_				lesi Zin	Code _
			84	City (1)	ta-Pa-V	FL	85 Zip	2758
44 Durament	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	e-pamed corp	oration submits this statement for the	numose of c	hanging its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar and accept the obligati	of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accep	t the appoint	tment as re	gistered
agent. I a	m familiar and accept the obligation	ions of, Section 607.0505, Florida	a Statutes	š. <b>1</b>		2/4	100	
SIGNATURE		- B.F.	MA	4015CN	, 1505	<u>م//ك</u>	197	
	Signature, typed or printed name of registered agent			nt signature required	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	TOERS AND	☐ Change	☐ Addition
TITLE	DPS	☐ DELETE	1.1 T∏LE				□ onungo	
NAME	knudsen, knud p		1.2 NAME					
STREET ADDRESS	460 WEBSTER AVE		1.3 STREE	TADDRESS				
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME	1				ļ
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP		;	2. 4 CITY-5	ST-ZIP	<del></del>			
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
		_	3.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS				ı				
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TITLE			4.1 TITLE				+90	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP				<b>C 1</b> 1300
πιε		□ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADORESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			_	
TITLE		☐ DÉLETE	6.1 TITLE				Change	Addition
ì		<del>-</del>	6.2 NAME					:
NAME			63 STREE	T ADDRESS				
STREET ADDRESS			•					
CITY-ST-ZIP			6.4 CITY-S	61-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 or attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**