## 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 # P96000058082

1. Corporation Name

DESIGN ASYLUM, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90169 019 \*\*\*150.00



Principal Place	e of Business	Mailing Address				I FORTING LEGALIST INC.		II AAIDI BILDI IBIIL BBIDI	16118 (181 199)
905 N RAILROAD AVE 905 N RAILROAD AVE					1				
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33			01						
					Ĺ			THIS SPACE	
						<ol> <li>Date Incorporated or 07/09/1996</li> </ol>	Qualifed	·	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	· ·	Ap	plied For
21		26			1	65-0677797		. No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Cardifacta of Chatric D	esired	\$8.75	Additional
22		27				5. Certificate of Status D	esiled	Fee Re	equired
City & Stat	te <sup>-</sup> -	City & State				6. Election Campaign F	inancing	\$5.00	May Be
23		28				Trust Fund Contributi	ion - 🗀	Added	
Zip	Country	Zip	Countr	у		8. This corporation owe	s the current ye	ear Intangible	
24	25	29	30		1	Personal Property Ta		Yes	□No
	9. Name and Address of Curre	·		-	1	0. Name and Address	of New Regis	tered Agent	
			81	Name					
POW	VELL, ALEXANDER							<del></del>	
905	N RAILROAD AVE		82 Street Ad		Address	(P.O. Box Number is No	ot Acceptable)		
WES	ST PALM BEACH FL 33401		83				<del></del>		$\longrightarrow$
			100	')					}
			84	City				85 Zip (	Code
								FL   13 2 P	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the abov	e-named	corporat	tion submits this stateme	nt for the purpo	ose of changing its	registered [
office or r	registered agent, or both, in the State	of Florida. Such change was au	imorized by	tue corbo	oranou s	board of directors, There	any accept me	appointment as re	giatered
i acentila		ations of, Section 607.0505, Flori	ida Statute:	s.					I
i	am lamillar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statute:	S.		•			,
agent. I a SIGNATURE	Signature, typed or printed name of registered age		Registered Age	S.	equired who		D)	ATE	
i	Signature, typed or printed name of registered age			S.	equired whe				ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	S.	equired who	en reinstating)			PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE:	Registered Age	S. ent signature re	equired who	en reinstating)		RS AND DIRECTO	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND POWELL, ALEXANDER	ent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	S.	equired who	en reinstating)		RS AND DIRECTO	
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND POWELL, ALEXANDER 240 CONNISTON RD	ent and title if applicable. (NOTE: ND DIRECTORS	T3. 1.1 TITLE 1.2 NAME 1.3 STREE	S.  ent signature re	equired who	en reinstating)		RS AND DIRECTO	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND POWELL, ALEXANDER 240 CONNISTON RD WEST PALM BEACH FL 33405	ent and title if applicable. (NOTE: ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	S.  ant signature re  ET ADDRESS ST-ZIP	equired who	en reinstating)		RS AND DIRECTO	Addition
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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 indicated on this annual report or suppleme officer or director of the corporation or the re Block 12 or Block 13 if changed, or on an a Mithan address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #