

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90013 001 ***150.00

DOCUMENT # P96000085984

1. Corporation Name
COLLECTIVE DESIGN, INC.

Principal Place of Business
2897 S.E. OCEAN BLVD
STUART FL 34996

Mailing Address
2897 S.E. OCEAN BLVD
STUART FL 34996



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1996

4. FEI Number
65-0704706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 151 SW Flagler Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 151 SW Flagler Avenue
Suite, Apt. #, etc.

22 City & State
23 Stuart FL

27 City & State
28 Stuart FL

24 Zip 34994 25 Country

29 Zip 34994 30 Country

9. Name and Address of Current Registered Agent

KAVANAUGH, PHIL
2897 S.E. OCEAN BLVD
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name
Phil Kavanaugh
82 Street Address (P.O. Box Number is Not Acceptable)
151 SW Flagler Avenue
83
84 City Stuart FL 85 -Zip Code 34994

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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	WHITMER, MARGARET I	202 S.E. MONTEREY AVE	STUART FL 34996	<input type="checkbox"/>
S	KAVANAUGH, PHILIP H	202 S.E. MONTEREY AVE.	STUART FL 34996	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)