Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90010 008 ***150.00

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 # P9700003060

1. Corporation Name

1 & DE E	XCLUSIVE DESIGNS, INC.				
Oringinal Place	of Business	Mailing Address			
780 BENTWATER CIR #204 780 BENTWATER CIR #204 NAPLES FL 34108 NAPLES FL 34108					
US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
!					01/06/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-3422215 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22			_		ree Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	·			8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29 30	<u>'l</u>		Personal Property Tax. Li Yes Li Yoo 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent
GOENCHER, SABIH					
780 BENTWATER CIR #204			82	Street A	ddress (P.O. Box Number is Not Acceptable) VV PEBBLZ COEEK CIRCLE #303
NAPLES FL 34108			-	16	VV PERRIZ CLEEK CHELL = 305
INALL	E3 FL 34100		83		
			84	City	APUS FL 85 Zip Code 8
·				NI	
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 ager			nt signature rec	autred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P CONTRACTOR	C Detter	•		
NAME	GUL SEVGUR		1.2 NAME		THE REARISE CREEK CINCLE #303
STREET ADDRESS	780 BENTWATER CIR #204			TADDRESS	NAPLES FL 34/08
CITY-ST-ZIP	NAPLES FL 34108	☐ DELETE	1.4 CITY-S	T-ZIP	Change Addition
TITLE		C) DECEIE	2.1 TITLE		- Onlings Nation
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	1	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	TADORESS	
CITY-ST-ZIP		FI DELETE	3.4. CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4,1 TITLE		. Citatige Nootiion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	mon
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		j
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		}
STREET ADDRESS		,	6.3 STREE	TADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

IG OFFICER OR DIRECTOR