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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

	1330				
DOCUMENT # P97000011931 (7)					
C.P. DI	ESIGN, INC.				
				A PERIODE AND	
Principal Place of Business		Mailing Address			•
14095 STATE ROAD 7 DELRAY BEACH FL 33446		14095 STATE ROAD 7 DELRAY BEACH FL 33446			
CEETITION DESIGNATION		DELIMIT CONTINUE STATE		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
	N 1 D 1	I a. M. E. Add		02/04/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied F.	
Suite, Apt.	# etc.	Suite, Apt. #, etc.		60 75	
<del> </del>		27		5. Certificate of Status Desired Fee Required	
City & Stat	8	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Žip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	,
24	25		10	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
SUMMER, DONALD L			81 Name	HLES PERO	
14095 STATE ROAD 7			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33446				95 STATE KOAD 7	
			63		
			84 City	85 Zip Code	
44. Physicant to the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the charge				inay Beach FL 3844L	
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 mile, and accept the obligations [ii], Section 607.0565; Florida Statutes.					
l	im familiar with, and accept the obliga	ations of, Section 607.0595, Flori		100 4-29.98	
SIGNATURE	Signature, band or parked name of registered ages	nt and title it applicable (NOTE	CAALLES Registered Agent signature regul		
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Ad	dition
NAME	PERO, CHARLES		1.2 NAME		]
STREET ADDRESS	14095 STATE ROAD 7		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33446		1.4 CITY-ST-ZIP		
TATLE		DELETE	2.1 TITLE	[_] Change	dition
NAME			22 NAME		l
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE		C) bereit	3.1 TITLE 3.2 NAME	Colorings   March	2014OII
NAME CTOSET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Į
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Ad	dition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		ĺ
TITLE		DELETE	5.1 TITLE	Change Ad	dition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		- 1
CITY-S1-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Ad	ldition
NAME			6.2 NAME		ĺ
STREET ADDRESS			6.3 STREET ADDRESS		į

14. Thereby 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 authorise.

**SIGNATURE:** 

**FILED** 

May 12 1998 8:00am

Secretary of State