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 # **P97000020998**1. Corporation Name

D A B DESIGN, INC.

					_				
Principal Place of Business Mailing Address								, ,,,	10.0
4825 A1A SOUTH - 47 4 4825 A1A SOUTH						i i	•		
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086			32086			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						02/28/1997			
2 Principal Pl	lace of Rusiness	2a. Mailing Addres	s			4. FEI Number		Ap	plied For
2. Principal Place of Business 2a. Mailing Address						59-3175348		No	t Applicable
Suite, Apt. #, etc.			tc.			5. Certificate of Status Desired	□.	\$8.75 A Fee Re	
City & State	<u> </u>	City & State				6. Election Campaign Financing		\$5.00	May Be
		28				Trust Fund Contribution		Added t	•
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	legistered A	gent	
		West in the		81	Name				
BRIT	TON, DOROTHY A			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
A 4825 A1A SOUTH						Supplementation of the second state of the sec			
ST. AUGUSTINE FL 32086				83					10 10 10 10 10 10 10 10 10 10 10 10 10 1
		4 1 1 1		84	City	हा प्रविद्यार किया किया है। इस प्रवाह के क्षा की किया है किया क स्थान किया किया किया किया किया किया किया किया	**	85 Zip (
		20.2		-			<u> </u>	<u> </u>	
office or r agent. I a	m familiar with, and accept the oblig	ations of, Section 607.00	oo, i londa otal	4163	•	oration submits this statement for the n's board of directors. I hereby accep	ot the appoin	tment as re	gistered
Olorationa	Signature, typed or printed name of registered agr			Agen	nt signature required	when reinstating) ; 1		DIRECTO	IRS IN 12
12.		ND DIRECTORS	13. ΕΤΕ 1,1 π	77.5	:		FICENS AN	☐ Change	Addition
TITLE	P DORTON DODOTINA								_
NAME	BRITTON, DOROTHY A		1.2 N/		T 4000000				
STREET ADDRESS	4825 A1A SOUTH #4				ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL 32086	☐ DEI		TY-S	1- ZIP		-	Change	Addition
TITLE	•		2.1 N						
NAME		•			T ADDRESS		•		•
STREET ADDRESS		a contract to			ST-ZIP				
CITY-ST-ZIP	3 3 3 2	□ DEI			51-21			Change	☐ Addition
TITLE	143. 0000 A		3.2 N						
NAME.	MINTED 281		i		TADDRESS	والأراجي والمحارب والجهداء	u (recenta de	51 874 53	Start de Ma
STREET ADDRESS	MENSAGE IN FIRST	•			ST-ZIP				
CITY-ST-ZIP TITLE		☐ DEI				1 - 1, 12 1, - 1, 12 mg	The Life	Change :	4 Addition
		_	4.21	IAME					
NAME STREET ADDRESS		5.2 () Si	4.3 S	TREE	TADDRESS				
CITY-ST-ZIP		201 (17)			T-ZIP				
TITLE		DEI				-		☐ Change	☐ Addition
NAME			5.2 N	AME		(1) (2 円 12 部)			

6.4 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

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STAFILLUM

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90042 020 ***150.00

☐ Addition

☐ Change