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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043057

1. Corporation Name

Principal Place of Business

S. NAPIER DESIGN, INC.

FILLD
Apr 23, 1999 8:00 am
Secretary of State
04 22 1000 00191 050 ***150 00



738 SOUTHEAST DEERFIELD BEA		738 SOUTHEAST 11TH AVENUE DEERFIELD BEACH FL 33441			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/15/1997	
2. Principal Pla	ace of Business	2a, Mailing Address			4. FEI Number Applied For Not Applied be	
21		26			65-0753243 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
Zip Country		Zip	_ ·		8. This corporation owes the current year Intangible	
24	25	29 30	<u> 1</u>		Personal Property Tax.	
	9. Name and Address of Current I	Registered Agent		B1 Name	10. Name and Address of New Registered Agent	
738 5	er, susan jact Southeast 11th avenue Rfield Beach Fl 33441		(- - - -	1	Address (P.O. Box Number is Not Acceptable)	
	•		ļ	D4) City	FL "	
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 re						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TTT		Change C Addition	
NAME NAPIER-ACZ, SUSAN J			1.2 NA			
STREET ADDRESS 738 SOUTHEAST 11TH AVENUE			1.3 STREET ADDRES			
CITY-ST-ZIP_			(-ST-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETÉ	2.1 ТТТ	ı		
NAME		•	2.2 NAJ			
STREET ADDRESS		المنافعة ال		EET ADORESS	المتعددة والمتدوس فحوال والمتدوس المتعددة	
CITY-ST-ZIP		☐ DELETE	3.1 TITI	Y-ST-ZIP	☐ Change ☐ Addition	
TITLE			3.2 NA			
NAME -				REET ADDRESS		
STREET ADDRESS			ı	Y-ST-ZIP	1	
CITY-ST-ZIP TITLE		☐ DELETE			☐ Change ☐ Addition	
NAME			4.2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	5,1 गा		☐ Change ☐ Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STI	REET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE			Change Addition	
NAME			6.2 NA	ME	}	
STREET ADDRESS			6.3 STI	REET ADDRESS		
CITY-ST-ZIP				Y-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.						