

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000047948 (9)

1. Corporation Name

DESIGNER TRUNKS UNLIMITED, INC.

Principal Place of Business

1221 WEST COLONIAL DRIVE  
SUITE 205  
ORLANDO FL 32804

Mailing Address

1221 WEST COLONIAL DRIVE  
SUITE 205  
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

59-3449854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1842 Long Pond Dr

Suite, Apt. #, etc.  
22 Longwood, FL

City & State  
23 Florida

Zip  
24 32779

Country  
25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.  
27

City & State  
28

Zip  
29

Country  
30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO  
NAME KOSTUR, JUDY R  
STREET ADDRESS 1221 W COLONIAL DR, STE 205  
CITY-ST-ZIP ORLANDO FL 32804 ☐ DELETE

TITLE SD  
NAME KOSTUR, JUDY R  
STREET ADDRESS 1221 W COLONIAL DR, STE 205  
CITY-ST-ZIP ORLANDO FL 32804 ☐ DELETE

TITLE PTD  
NAME KENNEDY, CONNIE  
STREET ADDRESS 1221 W COLONIAL DR, STE 205  
CITY-ST-ZIP ORLANDO FL 32804 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO  
1.2 NAME Kostur Judy  
1.3 STREET ADDRESS 1842 Long Pond Dr  
1.4 CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

2.1 TITLE CEO  
2.2 NAME Kostur Judy  
2.3 STREET ADDRESS 1842 Long Pond Dr  
2.4 CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

J. R. Kostur

4-21-98

CR2E034 (10/97)