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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054048 (8)

FARRUGIA DESIGN, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 9850 SANDALFOOT BLVD 9850 SANDALFOOT BLVD SUITE 474 SUITE 474 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Date Incorporated or Qualified 06/19/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0763634 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 Sanda 84 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. President FALLY Scott SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 THEF Change Addition **FARRUGIA, SCOTT** NAME 1.2 NAME 9850 SANDALFOOT BLVD, STE 474 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition 21 TITLE FARRUGIA, SHELLIY NAME 2.2 NAME 9850 SANDALFOOT BLVD, STE 474 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY+S1-ZIP DELETE Change Addition TITLE 4.1 DITE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY-ST-7IP DELETE TITLE 5.1 TiTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP