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

PROFIT CORPORATION ANNUAL REPORT

officer or director of the corporal Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000062335 (9)

CLEMATIS DESIGN GROUP, INC.

FILED May 06 1998 8:00am Secretary of State



CA22001 A PORHIZZIOS (561)833-7778

| Principal Plac | e of Business | Maili | Mailing Address | | | |] | | | | | |
|---|---------------------------|-------------------|---------------------------------|-------------------------|--------------------------------|----------|--|---|--------------------|----------------------|----------------|--------------------------|
| 319 CLEMATIS STREET | | | 319 CLEMATIS STREET | | | | | | | | | |
| SUITE 214 | | | SUITE 214 | | | | | DO NOT WRITE IN THE COLOR | | | | |
| WEST PALM BEACH FL 33401 | | | WEST PALM BEACH FL 33401 | | | | <u> </u> | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
| | | | | | | | | 07/18 | /1997 | ameu | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | . FEI Num | | | ļ | Applied For |
| 21 120 S. OLIVE AVENUE | | | 26 120 S. OLIVE AVENUE | | | | 65. | -07686 | 07 | | Not Applicable | |
| Suite, Apt #, etc. | | | Suite, Apt. #, etc. 27 # 304 | | | | 5 | . Certifica | ate of Status Desi | red [| | 5 Additional Required |
| City & State | | | City & State | | | ا مم | | . Election | Campaign Finan | cing | \$5.0 | May Be |
| 23 WEST | <u>r Paum Iseach , i</u> | - L [28] [| WEST PAUM | | | | | Trust Fu | nd Contribution | L | Adde | d to Fees |
| Zip | Country | L | Tip | Countr | ٠. | | 8 | | poration owes or | • | — | _ |
| 24 334 | | | | 30 U | <u>2</u> | A | _ _ | | l Property Tax du | | | ∐ No |
| 9, Name and Address of Current Registered Agent | | | | | | | 10 | . Name a | ind Address of N | iew Regist | teres Agent | |
| | IERILAWYER CHARTERED | | 81 Name | | | | | | | | | |
| | 3 ALMERIA AVENUE | | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| " | DRAL GABLES FL 33134 | | | 83 | | | | | | | | |
| | | | | 100 | 1 | | | | • | | | |
| | | | | 84 | 4 | City | | | • | | FL 85 Z | ip Code |
| 11. Pursuant to the provisions of Sections 607.05/02 and 607.1508. Florida Statutes, the above-pament 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, typod or printed name of registered agent and title if anyticable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| 12. | | AND DIRECT | | 13. | | | | ADDITION | NS/CHANGES TO | OFFICER | | |
| TITLE | PTD DEBBBA I | | DELETE | 1.1 TITLE | | | | | | | ∟J Chang | e L. Addition |
| NAME | DOCSA, DEBBRA J | NUTE A44 | 4.4 | | IAME | | | | | | | |
| STREET ADDRESS 319 CLEMATIS STREET SUITE WEST PALM BEACH FL 33401 | | | | 1.3 STREE | T A | ADDRESS | | | | • | | |
| CITY-ST-ZIP | | 33401 | 00.500 | 1.4 CITY- | _ | r-ZIP | A A A 2 | 48. | 2002222 T | - A 2 2 - 2 E | | |
| TITLE | VSD Cazzorla, Daniel A | | 22 N 214 23 S 2.40 | | 2.2 NAME 2.3 STREET ADDRESS | | PKES, | ,500, | TREAS | I KOCK OK | 2. Shang | e [] Addition |
| - NAME | 319 CLEMATIS STREET S | SHITE OLA | | | | | | | | | | |
| STREET ADDRESS | WEST PALM BEACH FL 3 | | | | | | | | | | | |
| CITY-ST-ZIP | TEST FALM BEACHTE S |) | | | 2. 4 CITY - ST - ZIP | | | | | | Chan | 1448000 |
| TITLE | | | L-1 OCTE1E | 3.1 TITLE | | - 1 | | | | | ∐ Chang | e L Addition |
| NAME | | | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | | ! | | | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 3.4. CITY- 4.1 TITLE | | 1-214 | | | | | Chang | e Addition |
| NAME | | | L) DECEM | 4.1 THE | | | | | | | Unany | C L AUGILIUII |
| f | | | | | | | | | | | | |
| STREET ADDRESS | | | | 4.3 STREE | | | | | | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY- | S1. | - ZIP | | | | <u>,,,,,</u> | Chann | e Addition |
| TITLE | | | T) vereie | 5.1 TITLE | | • | | | | | ☐ Chang | e Li Madicioli |
| NAME | | | | 5.2 NAME | | | | | | | | J |
| STREET ADDRESS | | | | 5 3 STREE | | | | | | | | |
| CITY-ST-ZIP | | | DELETE | 5.4 CITY- | _ | - ZIP | ***** | | | | □ ∧ha= | . 1 d d d d d d d |
| TITLE | | | T DEFEIF | 6.1 TITLE | | | | | | | ☐ Chang | e 🔲 Addition |
| NAME | | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | | 63 STREE | | - 1 | | | | | | |
| CITY-ST-ZIP | | | | SAPITY. | CT. | פול | | | | | | |

14. Thereby certify that the information supplied with this filling 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 of suppliemental 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