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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073969 (2)

TIME TO DESIGN, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
2255 GLADES ROAD. SUITE 324A BOCA RATON FL 33431		2255 GLADES ROAD. SUITE 324A BOCA RATON FL 33431					
DOOR INTOIT IE SONOT		DOON HATCH TE SYNT			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	l	
					08/25/1997	. 1	
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	Applied For	
21		26			65-0826190	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			C \$8.7	5 Additional	
22		27			5. Certificate of Status Desired	e Required	
City & State		City & State			6. Election Campaign Financing \$5.	00 May Be	
23		28				led to Fees	
Zip Country			Zip Country		8. This corporation owes or has paid the current year		
24	25 29 30			Personal Property Tax due June 30. Yes No			
E4	9. Name and Address of Curre		1001		10. Name and Address of New Registered Agent		
145			81	Name	16		
MEGUR, SUSAN A							
2255 GLADES ROAD, SUITE 324A			82	Street	et Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			83				
			83				
			84	City	85	Zip Code	
			[	·	<b>FL</b>		
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above	e-named	ed corporation submits this statement for the purpose of changi	ng 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 ag	ent and title if applicable (NOT	Registered Age	ent signature	ure required when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Chai	nge 🔲 Addition	
NAME	MEGUR, SUSAN A		1.2 NAME				
STREET ADDRESS	2255 GLADES ROAD, SUITE	3244	1.3 STREET	ADDRESS			
	BOCA RATON FL 33431	OLTA	1.4 CITY-S				
CITY-ST-ZIP	D	DELETE	2.1 TITLE	11-211	· Cha	nge Addition	
TITLE						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	MEGUR, STEVEN J		2.2 NAME		, , , ,	ŀ	
STREET ADDRESS	2255 GLADES ROAD, SUITE	324A	2.3 STREET	ADDRESS	S		
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Cha	nge L. Addition	
NAME	MEGUR, SCOTT E		3.2 NAME				
STREET ADDRESS	2255 GLADES ROAD, SUITE	324A	3.3 STREET	ADDRESS	s		
CITY+ST-ZIP	BOCA RATON FL 33431		3.4. CITY-	ST-ZIP			
TITLE	<u> </u>	☐ DELETE	4.1 TITLE		☐ Cha	nge 🔲 Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS	s		
			4.4 CITY - 5		1		
CITY-ST-ZIP		☐ DELETE		1-ZIP	☐ Cha	nge Addition	
TITLE			5.1 TITLE				
NAME			5.2 NAME		·		
STREET ADDRESS			5.3 STREET	ADDRESS	\$		
CITY-ST-ZIP			5.4 CITY - 9	ST-ZIP			
TITLE	;	[] DELETE	6.1 TITLE		☐ Cha	nge ∐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS	s		
CITY-ST-ZIP			6.4 C(TY - S	ST - ZIP			
	- M.	with this filling slope and qualify fo			ated in Section 119 07/3V/I) Florida Statutes. I further certify tha	t 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 eath; 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 attactment with an address.