PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076548

1. Corporation Name

CUSTOM ENTERTAINMENT DESIGNERS, INC.

Principal Place of Business

Mailing Address

1073 SW GENERAL PATTON TERR PORT ST LUCIE FL 34953

1073 SW GENERAL PATTON TERR PORT ST LUCIE FL 34953

May 07, 1999 8:00 am Secretary of State

05-07-1999 90015 041 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 09/02/1997		
A B : : : (B)		2a. Mailing Address		4. FEI Number	1 1 40	plied For	
—	ace of Business	⊢ ¬			65-0778946	<u> </u>	t Applicable
21		26			05-07 7 6940		
Suite, Apt. #, etc		Suite, Apt, #_etc		5. Certificate of Status Desired Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Žip	Count	У	8. This corporation owes the current year	Intangible	•
24	25	29	30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	
			8	1 Name			
	; Joel Sw General Patton Terr		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	T ST LUCIE FL 34953		8	3		·	
			8	4 City		85 Zip C	Code
					F	_ ,	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was aut	thorized b	y the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ag	ent signature require	ed when reinstating) DATE		\
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	р	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PASSARETTI, JOHN		1.2 NAME				\
STREET ADDRESS	1074 SE SPINNAKER AVE		1.3 STRE	ET ADDRESS			J
	PORT ST. LUCIE FL 34983		1.4 CITY-	ŀ			į
CITY-ST-ZIP TITLE	V	□ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	ERIC, JOEL		2.2 NAME				
	·			ET ADDRESS			[
STREET ADDRESS	1073 SW GENERAL PATTON TERRACE PORT ST. LUCIE FL 34953			į.			į
CITY-ST-ZIP	PURI SI. LUCIE PL 34933	☐ DELETE	2. 4 CITY 3.1 TITLE			Change	Addition
TITLE						_ ,	_
NAME	•		3.2 NAME				Į.
STREET ADDRESS	•			ET ADDRESS			ļ
CITY-ST-ZIP		☐ DELETE	3.4. CITY			Change	Addition
TITLE		□ Octore	4.1 TITLE			Gridinge	
NAME			4. 2 NAM				Į
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-			Channe	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE ,		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	·		6.2 NAME				
			63.STRE	ET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP