

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90177 042 ***150.00

DOCUMENT # P97000077067

1. Corporation Name
DESIGN TIMES OF THE PALM BEACHES, INC.



Principal Place of Business
1401 VILLAGE BLVD
931
WEST PALM BEACH FL 33409
US

Mailing Address
1401 VILLAGE BLVD
931
WEST PALM BEACH FL 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

65-0778722

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1699 South Federal Hwy.

Suite, Apt. #, etc.

22 3A + 3B

City & State

23 Boca Raton FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 1699 South Federal Hwy.

Suite, Apt. #, etc.

27 3A + 3B

City & State

28 Boca Raton FL

Zip

29 33432

Country

30 USA

9. Name and Address of Current Registered Agent

BYLER, DAVID A
1401 VILLAGE BLVD., UNIT #931
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

David A. Byler

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

1699 South Federal Hwy. (suite 3A+3B)

83

84 City

Boca Raton

FL

85 Zip Code

33432

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 David A. Byler - Pres

(NOTE: Registered Agent signature required when reinstating)

DATE 4-7-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BYLER, DAVID A
STREET ADDRESS 1401 VILLAGE BLVD., UNIT #931
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE VP ☐ DELETE

NAME INGAMANORT, JOHN J
STREET ADDRESS 20405 HACIENDA COURT
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: David A. Byler - Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-7-99

DATE 4-7-99
Daytime Phone # 561-417-5552

CR2E034 (11/98)