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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084984

1. Corporation Name

TWO BIRDS DESIGNS, INC.	
Principal Place of Business	Mailing Address
10875 BOCA WOODS LANE BOCA RATON FL 33428	10875 BOCA WOODS LANE BOCA RATON FL 33428

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90063 030 ***150.00

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Principal Place	e of Business	Mailing Address			1 1851551 115 15111 15511 55111 55111 55111 55111		
10875 BOCA W BOCA RATON		10875 BOCA WOODS LANE BOCA RATON FL 33428			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
	ياسد د السيعة بيرانيت حي				10/01/1997]
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Ap	olied For
21	,	26			65-0803793	No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22	27		5. Certifcate of Status Desired	Fee Re	quired		
City & Stat		City & State	,		6. Election Campaign Financing	\$5.00	May Be
23				Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	/Yes	□No
	* 9. Name and Address of Currer	nt Registered Agent		41 44	10. Name and Address of New Register	ed Agent	
CEC.	AL DALII		81	1 Name			1
	AL, PAUL		82	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	75 BOCA WOODS LANE		<u></u>	<u>.</u>			
ВОС	CA RATON FL 33428		83	3			
			84	4 City		85 Zip (Code
				<u> </u>	F	of changing its	rogictored
office or nagent. I a	registered agent or both, in the State im familiar with and accept the obliga	of Florida. Such change was attions of, Section 607.0505, Flor	ithorized by ida Statute	y the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the apparatus of the control of the c	pointment as re	gistered
CIGNATORE	Signature, the or printer name or registered age			ent signature require		//	
12.		ND DIRECTORS	13.	···	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE ,	D.	☐ DELETE	1.1 TITLE			☐ Criange	
NAME	SEGAL, PAUL		1.2 NAME				Ĭ
STREET ADDRESS				ET ADORESS			
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NAME]					☐ Change	☐ Addition
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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 truster 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: