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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**1998** 

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000086755 (0) DOCUMENT # 1. Corporation Name

AMARIESU ENTERPRISES LINES OF DESIGN, INC.

Principal Place of Business Mailing Address 2310 DAWNWOOD LANE 2310 DAWNWOOD LANE ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For 5920109*3*8 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Г 28 Trust Fund Contribution Added to Fees Zip Country Žφ Country This corporation owes or has paid the current year Intangible 24 25 Yes X No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CARTER, WILLIAM A 6120 CASTLEWOOD LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 chango 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 regedered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD DELETE 1.1 10 LE Change Addition HALL, WENDY S NAME 1.2 NAME 2310 DAWNWOOD LANE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE TITLE 21 1/11 F Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZiP TITLE DELETE Addition 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby cortify 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 of the c Block 12 or Block 13 if change nt with an address

6.4 CITY - S1 - ZIP

**FILED** 

May 19 1998 8:00am

Secretary of State