

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90002 022 \*\*\*150.00

**DOCUMENT # P97000088284**

1. Corporation Name  
**INLINE DESIGN, INC.**



Principal Place of Business Mailing Address  
~~380 SOUTH STATE ROAD 434~~  
~~SUITE 1004-273~~  
ALTAMONTE SPRINGS FL 32714  
~~380 SOUTH STATE ROAD 434~~  
~~SUITE 1004-273~~  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **978 DOUGLAS AVE** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 102** 27  
City & State City & State  
23 **Altamonte Spgs., FL** 28 **Same**  
Zip Country Zip Country  
24 **32714** 25 **USA** 29 **32714** 30 **USA**

3. Date Incorporated or Qualified  
**10/13/1997**  
4. FEI Number **59-3474506** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**LAPETERS, PATRICIA R**  
**380 SOUTH STATE ROAD 434**  
**SUITE 1004-273**  
**ALTAMONTE SPRINGS FL 32714**  
81 Name **LAPETERS, PATRICIA R**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**978 DOUGLAS AVE, SUITE 102**  
83 **ALTAMONTE SPRINGS**  
84 City **ALTAMONTE SPRINGS FL** 85 Zip Code **32714**

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 *Patricia R. Lapeters* DATE **9/9/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAPETERS, PATRICIA R</b>	1.2 NAME	<b>LAPETER, PATRICIA R.</b>
STREET ADDRESS	<b>380 SOUTH STATE ROAD 434, SUITE 1004-273</b>	1.3 STREET ADDRESS	<b>978 DOUGLAS AVE, Suite 102</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	1.4 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Patricia R. Lapeters* DATE: **9/9/99** PHONE: **407-865-6421**

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**inline**  
i n n o v a t i o n s

*Marketing Communications for the Software Industry*

978 Douglas Avenue, Suite 102  
Altamonte Springs, FL 32714  
phone: 407 865-6421  
fax: 407 865 6423  
[www.inlineinnovations.com](http://www.inlineinnovations.com)

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September 9, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attention: Katherine Harris  
Secretary of State

Dear Ms. Harris:

Enclosed please find the back page of your packet entitled, "1999 Profit Corporation Annual Report" which contains the incorrect address for Inline Design, Inc. Due to this discrepancy, this packet did not reach my desk until this week. After phoning your office, I was instructed to enclose the original filing fee of \$150.00 for my annual report along with this letter of explanation.

If you have any further questions regarding this matter, please don't hesitate to contact the undersigned.

Very truly yours,

Patricia LaPeters – Owner  
Inline Design, Inc.

Enclosures