

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000103319 (4)

1. Corporation Name

ELEMENTS OF DESIGN, INC.

Principal Place of Business

8500 HURON TERR.
DAVIE FL 33331

Mailing Address

8500 HURON TERR.
DAVIE FL 33331

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2542 JARDIN	26 2542 JARDIN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 WESTON, FL.	28 WESTON, FL.
Zip	Zip
24 33327	29 33327
Country	Country
25 UGA	30 USA

3. Date Incorporated or Qualified

12/09/1997

4. FEI Number

65-0806406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

VASQUEZ, MELINDA L
8500 HURON TERR.
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 Name VASQUEZ, MELINDA L.
82 Street Address (P.O. Box Number is Not Acceptable)
2542 JARDIN
83
84 City WESTON FL 85 Zip Code 33327

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	VASQUEZ, MELINDA L	1.2 NAME	VASQUEZ, MELINDA L
STREET ADDRESS	8500 HURON TERR.	1.3 STREET ADDRESS	2542 JARDIN
CITY-ST-ZIP	DAVIE FL 33331	1.4 CITY-ST-ZIP	WESTON, FL. 33327
TITLE	SDT	2.1 TITLE	SDT
NAME	VASQUEZ, LUIS F	2.2 NAME	VASQUEZ, LUIS F.
STREET ADDRESS	8500 HURON TERR.	2.3 STREET ADDRESS	2542 JARDIN
CITY-ST-ZIP	DAVIE FL 33331	2.4 CITY-ST-ZIP	WESTON, FL. 33327
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Melinda Vasquez MELINDA L. VASQUEZ 4/23/98 378-7143

CR2E034 (10/97)