*4	PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	(7)			
APP	LICATION FOR	OH	Pal atary C. S	IT OF STATE	*		V			
DIVISION OF CORPORATIONS						- FILED				
DOCUMENT # P97000103762 1. Corporation Name						99 JAN II AM 9:49				
SOUTHLAKE RESIDENTIAL DESIGN, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Pla	ace of Business	Mailing Address								
1215 BOWMAN STREET CLERMONT FL 34711		1215 BOWMA CLERMONT F								
	ddresses are incorrect in any way, line thro	ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 123 Per Kahire Cic Ed			4. Date Incorp	orated or Qualified less in Florida				
Suite, Apt. /	f, etc.	Suite, Apt. #, etc.			5. FEI Number	12/0	09/1997 Applied For			
City & State		City & State	Jona F	<u> </u>		3481753	Not Applicable			
Zip Country		347	Country C		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status					
7. Names a	and Street Addresses of Each Officer and/o Name of Officers	or Director (Flo		tions must list at lea						
Title(s)	and/or Directors	Officer and/or Director (Do NOT Use Post Office Box Numbers)			Clty / State	≱ / Zip				
D	WANCZOWSKI, JOHN		1215 BOWMAN STREET			CLERMONT FL 34711				
D HOLZWORTH, WILLIAM		1215 BOWMAN STREET			CLERMONT FL 34711					
					40	000027426	3440			
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							100 100			
	2 Name and Address of Current E	Pagistared Ana	l l l l l l l l l l l l l l l l l l l		9 Name and /	Address of New Registered Ac				
8. Name and Address of Current Registered Agent Name						Augusta of their registrates Ag	· · · · · · · · · · · · · · · · · · ·			
	IN, EDWARD P II EAST HIGHWAY 50			Street Address (P	P.O. Box Number	is Not Acceptable)	CRZED40			
	SONT FL 34711		Su		Suite, Apt. #, Etc.					
				City		State FL	Zīp Code			
Signature o	appointed the registered agent of the above				oligations of Secti	on 607.0303, F.S.				
Registered	Agent		ENT MUST SIGN	7 11 % 1-4 1-4		Date				
	is corporation owes or ha angible Personal Propert			Yes 🛛	No 🗆	(See other side on intangi				
this rein: owed by	that I am an officer or director or the receives tatement application, the reason for disso the corporation have been paid and the number of the corporation is true and accurate, and my signification is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate, and the corporation is true and accurate in the corporation in the corporation is true and accurate in the corporation is true and accurate in the corporation in the corporation is true and accurate in the corporation is true and accurate in the corporation is true and accurate in the corporation in the corporation is true and accurate in the corporation in the corporation is true and accurate in the corporation in the corporation is true and accurate in the corporation in the corporation is true accurate in the corporation in the corporation is true accurate in the corporation in the corporation is true accurate in the corporation in the corporation in the corporation is true accurate in the corporation in the corporation is true accurate in the corporation in the corporatio	ution has been ames of individ	eliminated, the corpo uals listed on this for	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401 or 617.040	1, F.S., that all fees			
SIGNAT		TED NAME OF	RETURNING OFFICER OR I	Holzwor7	<u> </u>	Y-99 1-352-	394 - 8144 Ime Phone #			

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December 28, 1998

Florida Dept of State Tallahassee, Fl 32314

Dear Sirs,

This corporation mailed you our annual report for 1998 on May 1, 1998. You should have record of receiving it, because it was received by you and then returned to us as incomplete. We believed that we returned it to you marking the necessary information. We are enclosing a copy of the check stub where the \$150.00 was paid. Please check your records to verify that the return was received in a timely manner but was incomplete. We are enclosing another check for \$150.00 so to not hold up the processing of the corporation any longer.

Thank-you for your assistance with this matter and let us know if we can provide you with any other information.

Sincerely,

William Holzworth, President Southlake Residential Design Inc

gelle subject, Pasder

123 Berkshire Circle East

Longwood, Fl 34779