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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000006971

SUSAN WELLS DESIGN, INC.

100

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90035 001 ***150.00



incinal Plac	ce of Business	Mailing	Address				- I IMBISONI ILD IBIOS SUSS	22142 22431 2254 2244	BRITH BILLS (B)	1 (888) (88) (88)
•		-	Mailing Address 10614 PALM SPRINGS DRIVE				}			
614 PALM SPRINGS DRIVE DCA RATON FL 33428			BOCA RATON FL 33428				}			
							DO NO	T WRITE IN THIS	SPACE	
	•						3. Date Incorporated or Qu 01/22/1998	ualifed		
Principal Place of Business 2a.			. Mailing Address				4. FE) Number	C 2 2	A	pplied For
	- 	26	↓─ ┵───────────────				45-0807	<i>52.</i> 5	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Des	S Desired S \$8.75 Additional Fee Required				
City & Sta	te · ·	City 28	City & State			Election Campaign Fina Trust Fund Contribution				
Zip	Country	Zip	Zip Country			8. This corporation owes the	he current year in	tangible		
	25	29 30			Personal Property Tax.					
	9. Name and Address of Curren	t Registered	i Agent				10. Name and Address of	New Registered	Agent	
		,			81	Name	,			
	ZIEN, SUSAN W		82 Street Addr			dress (P.O. Box Number is Not Acceptable)				
	14 PALM SPRINGS DRIVE	oz, Street Addr			1 .O. DOX HUMBER IS NOT A	· ·				
BOO	CA RATON FL 33428				83					
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•					84	City	1	Fl	85 Zip	Code
	Signature, typed or printed name of registered agen OFFICERS AN			Registered	Agen	t signature required	when reinstating) ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECT	ORS IN 12
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with 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 are 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 are officer 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE OF SIGNING OFFICER OF DIRECTOR