Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800007438

1. Corporation Name

LORAC DESIGNS, INC.

2. Principal Place of Business

HALEY, MARIE C

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address
5061 TOPROYAL LANE	5061 TOPROYAL LANE
JACKSONVILLE FL 32277	JACKSONVILLE FL 3227

Country

9. Name and Address of Current Registered Agent

25

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90211 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

59 - 3487874

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

01/22/1998

4. FEI Number

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 and the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12	5061 TOPROYAL LANE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
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 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 reinstatting) OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP NAME HALEY, MARIE C STREET ADDRESS OTTY-ST-ZIP JACKSONVILLE FL 32277 ITILE DTS JACKSONVILLE FL 32277 DELETE 1.1 TITLE DTS JACKSONVILLE FL 32277 1.4 CITY-ST-ZIP JACKSONVILLE FL 32277 DELETE 2.1 TITLE DTS JACKSONVILLE FL 32277 DELETE 3.1 TITLE JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 DELETE 3.1 TITLE JACKSONVILLE FL 32277 JACKSONVILLE FL 32	JACK	KSONVILLE FL 32277		83					
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 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, 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, 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, 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, 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 12.							[a#] 7:- C	-da	
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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title of appicable. (NOTE: Registered Agent signature required when reinstating) DATE				84	City	F		ode	
Signature, typed or princied name of registered agent and title if appicable. (NOTE, Registered Agent signature required when reinstating)	office or re	egistered agent, or both, in the State of Florid	 a. Such change was auf 	horized by:	the corpora	propration submits this statement for the purpose of ation's board of directors. I hereby accept the app	of changing its of changing it	registered jistered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP	SIGNATURE					NATE .		\	
TITLE DP DELETE 1.1 TITLE Change Addition Change Change Addition Change Chan					t signature requ		ND DIRECTO	25 IN 12	
NAME					$\overline{}$	ADDITIONS/CHANGES TO OFFICE TO A		Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DTS DTS DELETE 2.1 TITLE NAME HALEY, JOHN A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Change	i	•	[] SCEELE				onango		
A CITY-ST-ZIP	NAME	, :			[
TITLE DTS DELETE 2.1 TITLE Change Addition NAME HALEY, JOHN A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE Addition Add	STREET ADDRESS			1.3 STREET	ADDRESS				
NAME HALEY, JOHN A STREET ADDRESS 5061 TOPROYAL LANE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition TITLE NAME ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS Addition Addition Addition Change Addition Addition Addition Change	CITY-ST-ZIP	JACKSONVILLE FL 32277		1.4 CITY-\$7	-ZIP				
STREET ADDRESS 5061 TOPROYAL LANE CITY-ST-ZIP JACKSONVILLE FL 32277 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE OELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE OELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OELETE 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE OELETE 5.1 TITLE OELETE OELE	TITLE	DTS	☐ DELETE	2.1 TITLE	- 1		[_] Change	∐ Addition	
2.4 CITY-ST-ZIP	NAME	HALEY, JOHN A		2.2 NAME					
TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME 32 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition CITY-ST-ZIP 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME CITY-ST-ZIP CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition	STREET ADDRESS	5061 TOPROYAL LANE		2.3 STREET	ADDRESS				
TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME	CITY-ST-ZIP	JACKSONVILLE FL 32277		2. 4 CITY-S	T- ZIP	<u> </u>			
33 STREET ADDRESS 34. CITY-ST-ZIP			☐ DELETE	3.1 TITLE		···	☐ Change	☐ Addition	
34. CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition Addi	NAME			3.2 NAME					
34. CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition Addi	STREET ANDRESS			33 STREET	ADDRESS			l	
DELETE				34 CITY-S	T-7IP				
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition			☐ DELETE		,		Change	☐ Addition	
4.3 STREET ADDRESS				4 2 NAME				!	
A4 CITY-ST-ZIP					ADDRESS			-	
TITLE DELETE 5.1 TITLE Change Addition									
E A MANUE			□ DELETE	1	-217		☐ Change	☐ Addition	
NAMC TO THE PROPERTY OF THE PR			- Detert			•	⇒ - 3-		
5.3 STREET ADDRESS	1				ADORESS				
SIREE! AUURESS									
CHI-SI-ZF SATIRE Change Addition			□ DELETE				☐ Change	Addition	
THE SOUNT SOUNTS									
NAME					ADDDESS				
STREET ADDRESS	STREET ADDRESS								
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						Casting 440 07/20/3) Elegida Statutes Euriber a	ortific that the in	formation	

Country

81 Name

30

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, with all other like empowered.