Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 # P98000018243

Country

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1. Corporation Name

SASSY DESIGNS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address
2745 BAY CLUB DRIVE	2745 BAY CLUB DRIVE
NAVARRE BEACH FL 32566	NAVARRE BEACH FL 32566

9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90229 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

59-3494523

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

02/24/1998

4. FEI Number

FINANCIAL FOUNDATIONS, INC. 2843 THAXTON DRIVE SUITE #37 PALM HARBOR FL 34684 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized.	82 Street A 83 84 City	corporation submits this statement for the purpose of changing its registered ration'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 St	atutes.	April 15, 1999
	red Agent signature red	quired when reinstating) DATE
12. OFFICERS AND DIRECTORS 1	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1	TITLE	Change Addition
NAME CARON, RENEE S 12	NAME	JEFFREY E. CAPON
STREET ADDRESS 2745 BAY CLUB DRIVE	STREET ADDRESS	2745 BAY CINB DRIVE
CITY-ST-ZIP NAVARRE BEACH FL 32566 1.4	CITY-ST-ZIP	NAVARRE BEACH, FL 32566.
	TITLE	☐ Change ☐ Addition
NAME 2.2	NAME	
STREET ADDRESS	STREET ADDRESS	and the same of th
CITY-ST-ZIP 2.	4 CITY-ST-ZIP	
	Iπιε	☐ Change ☐ Addition
NAME 3.2	NAME	
STREET ADDRESS 3.3	STREET ADDRESS	,
	I. CITY-ST-ZIP	
	I TITLE	Change Addition
NAME 4.	2 NAME	
STREET ADDRESS 43	STREET ADDRESS	
	CITY-ST-ZIP	
	TITLE	Change Addition
	2 NAME	
·	STREET ADDRESS	
I I	CITY-ST-ZIP	
	TITLE	Change Addition
	2 NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the ex	xemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Country

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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oailit, that it 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 en address, with all other like empowered.

VICE PRESIDENT