

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-22-1999 90232 018 \*\*\*150.00

**DOCUMENT # P98000028113**

1. Corporation Name  
**SURFACE ART DESIGNS INC.**

Principal Place of Business  
**226 E DANIA BEACH BLVD  
DANIA FL 33004**

Mailing Address  
**226 E DANIA BEACH BLVD  
DANIA FL 33004**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1998**

4. FEI Number

**05-0823803**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSHALL, RENEE  
226 E DANIA BEACH BLVD  
DANIA FL 33004**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

TITLE **PRESIDENT** ☐ DELETE  
NAME **RENEE MARSHALL**  
STREET ADDRESS **226 E. DANIA BEACH BLVD**  
CITY-ST-ZIP **DANIA, FL 33004**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Renee Marshall, President****4/12/99**

Date

**(954) 920-5299**

Daytime Phone #

CR2E034 (1/1/98)

P98000028113  
6046000-90002-11  


# Surface Art Designs Inc.

*Hand-Painted Fabrics*

226 East Dania Beach Blvd.  
Dania, FL 33004

Tele: (954) 920-5299  
Fax: (954) 920-4947

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RE: P98000028113

Dear Sir/Madam,

I am writing this letter to advise you that the corrected Annual Report was sent in shortly after we received your letter (copy enclosed). Due to the fact that you did not receive that corrected Annual Report, I am enclosing another copy. I am also enclosing a copy of our canceled check in the amount of \$150.00 for payment of the Annual Report. Therefore, I believe we do not owe the Florida Department of State any additional funds with regards to this matter.

If you have any additional questions regarding this matter, please feel free to contact me at (954) 966-5430. Please update your records reflecting this and thank you for your assistance.

Sincerely,



Renee Marshall  
President  
Surface Art Designs Inc.

RM/sd