### 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 # P98000031515

Corporation Name

HARVEY YOUNG DESIGNS, INC.

# FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90161 011 \*\*\*150.00



Mailing Address Principal Place of Business 1500 E BROWARD BLVD SUITE 100 1500 E BROWARD BLVD SUITE 100 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/06/1998 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 45-0828877 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation owes the current year Intangible Zip Country ☐ Yes □No Personal Property Tax. 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YOUNG, HARVEY Street Address (P.O. Box Number is Not Acceptable) 82 1500 E BROWARD BLVD SUITE 100 FORT LAUDERDALE FL 33301 83 85 Zip Code 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Addition DELETE 1 1 TITLE TITLE YOUNG, HARVEY 1.2 NAME NAME 1500 E BROWARD BLVD SUITE 100 1 3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2 ; TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS z 4 Cith is i- ZiP CITY-ST-ZIF Addition Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY+ST-ZIP [ ] Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition □ DELETE 5 : TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST- ZIP CITY-ST-ZIF Change Addition 61 TITLE DELETE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. 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 for on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Daytime Phone #

CR2E034 (11/98)