**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90029 023 \*\*\*150.00

## DOCUMENT # P98000035952

ARCADIAN DESIGN, INC.

| Principal Place of Business  Z2 ITTIN AVENUE. NORTH ST. PETERSBURG FI. 33710  Z2 Maining Address Z3 Maining Address Z4 Maining Address Z5 Maining  | 14. 12. 17. 17.                                     | to a transmitted and the many land to the contract of the                | Action of the contract of the | rose mensional both                     | 51/11/200                    | 71 X    | A P The control of | Ц                  |                      | IN INSTITUTE NE | 1111 <b>6 1</b> 111 <b>1 1 1 1 1</b> |         |              | 1880   1881   T |
|--|---|--|-------------------------------|---|------------------------------|---------|--------------------|--------------------|----------------------|-----------------|--------------------------------------|---------|--------------|-----------------|
| ST. PETERSBURG FL 33710    STEETERSBURG FL 33710   DO NOT WRITTE IN THIS SPACE   | Principal Plac                                      | e of Business  | Mailing                       | Address                                 | -                            |         |                    |                    |                      |                 |                                      |         |              | ,               |
| DO NOT WRITE THIS SPACE  | 7226 11TH AVE                                       | enue. North  | 7226-11                       | EH AVENUE. NORT                         | TH                           |         |                    |                    |                      |                 |                                      |         |              |                 |
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 4. FEI Number 2. April (2014) 1988 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 3. Sulte, Apt. #, etc. 3. Sulte, Apt. #, etc. 4. FEI Number 3. Sulte, Apt. #, etc. 4. FEI Number 3. Sulte, Apt. #, etc. 5. Certificate of Status Desired 3. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 4. Sulte, Apt. #, etc. 5. Certificate of Status Desired 3. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 4. Sulte, Apt. #, etc. 5. Certificate of Status Desired 3. Sulte, Apt. #, etc. 6. Election Comparign Financing 3. Sulte, Apt. #, etc. 7. Sulte, Ap | ST. PETERSBU  | RG FL 33710  | ST. PET                       | Tersburg fl 3371                        | 0                            |         |                    |                    | _                    |                 |                                      |         | _            |                 |
| Principal Place of Business   2a, Mailing Address   4, FEI Number   Appt   Ap   |   |  |                               |   |                              |         |                    | <u> </u>           |                      |                 |                                      | SPACI   | =            | ······          |
| Principal Place of Business   2a. Mailing Address   5. P.   Appl   |   |  |                               |   |                              |         |                    |                    |                      | d or Qualifed   |                                      |         |              | }               |
| Suite, Apt. #, etc.  Suite, Ap |   |  |                               |   |                              |         |                    |                    |                      |                 |                                      |         |              |                 |
| Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   Suite, Apt. #, etc. 27   Suite, Apt. #, etc. 27   Suite, Apt. #, etc. 27   City & State 28   City & State 29   Country 20   29   Country 20   29   Country 20   29   Country 20   29   20   20   20   20   20   20   20   20   | Principal Place of Business     2a. Mailing Address |  |                               |   |                              |         |                    |                    |                      |                 |                                      |         | + ''         | lied For        |
| City & State   | 21  |  | 26                            |   |                              |         |                    |                    | <del>77 - 79</del>   | 2150            | <u> </u>                             |         |              | Applicable      |
| Zi   | Suite, Apt.   | #, etc.  | Sui                           | ite, Apt. #, etc.                       |                              |         |                    |                    | Certificate of State | ie Doeirod      | П                                    |         | -            |                 |
| City & State  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi  | 22  |  | 27                            |   |                              |         |                    | 3.                 | Certificate of State | Ja Dealica      |                                      | F       | ee Req       | uired           |
| 28   |   | te   | - Cit                         | y & State                               |                              |         |                    | 6                  | Election Campaig     | n Financing     |                                      | \$5     | .00 A        | vlay Be~∸~      |
| Zip   Zip   Zip   Zip   Zip   Zip   Zip   Zip   Sip   Person plan to west the current year intangible   Person property Tax.   Zip   Zip   Zip   Zip   Person plan to west the current year intangible   Person property Tax.   Zip   Zi   | 23  | ¬ ´ — —  |                               |   |                              |         |                    |                    | Trust Fund Contri    | bution          |                                      | Ac      | ded to       | Fees            |
| 9. Name and Address of Current Registered Agent  LAVALLE, ROXANNE D 7226 11TH AVENUE, NORTH ST. PETERSBURG FL 33710  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Cot 65 City  FL 85 Zip Cot 67 City  FL 85 Zip Cot 67 City  FL 86 Zip Cot 67 City  FL 87 Zip Cot 68 City  FL 88 Zip Cot 68 Zip Cot 68 City  FL 88 Zip Cot 68 City  FL 88 Zip Cot 68 Z |   |  |                               |   | Count                        | Country |                    |                    | This corporation of  | owes the cur    | rent year Int                        | angible |              | ,               |
| 1.0. Name and Address of Current Registered Agent  LAVALLE, ROXANNE D 7226 11TH AVENUE, NORTH ST. PETERSBURG FL 33710  83  84 City  FL  85 Zip Cc  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 re 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, 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 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 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 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 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 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 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 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 both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the observed agent and the florida Statutes, the above-named corporation's board of directors. I hereby accept the observed agent and florida Statutes, the above-named corporation's board  | 24  | 25 29 30   |                               | 30                                      |                              |         |                    | Personal Property  | y Tax.               |                 | ☐ Ye                                 | s (     | <b>☑</b> Klo |                 |
| LAVALLE, ROXANNE D 7226 11TH AVENUE, NORTH ST. PETERSBURG FL 33710  82 Street Address (P.O. Box Number is Not Acceptable)  83 Steet Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Cc  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursually is to 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 accept the obligations of, Section 607.0502, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITYST.2P  15. STREET ADDRESS  16. CITYST.2P  16. Change  17. ST.ZP  18. STREET ADDRESS  19. S     |   | 9. Name and Address of Cu  | rrent Registere               | d Agent                                 |                              |         |                    | 10.                | Name and Addre       | ess of New      | Registered                           | Agent   |              |                 |
| Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)  |   |  |                               |   | 8                            | 11      | Name               |                    |                      |                 |                                      |         |              |                 |
| STEET ADDRESS   STREET ADDRESS   STREE   |   |  |                               |   | -                            |         | Ct at Addra        | (D                 | O. Boy Number is     | hot Accord      | able)                                |         |              |                 |
| 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 lits of 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 accept the obligations of, Section 607.0505, Floridad Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  1.1 TITLE  1.2 LAWAE  1.2 LAWAE  1.2 LAWAE  1.2 LAWAE  1.2 LAWAE  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  OFLICES AND DIRECTORS  1.4 CITY-ST-ZP  DELETE  2.1 TITLE  OFLICES  3.1 TITLE  OFLICES  3.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  1.3 STREET ADDRESS  4.3 STREET ADDRESS  4.4 CITY-ST-ZP  TITLE  OFLICES  3.3 TREET ADDRESS  CITY-ST-ZP  OFLICES  3.4 CITY-ST-ZP  OFLICES  4.4 CITY-ST-ZP  OFLICES  4.4 CITY-ST-ZP  OFLICES  4.4 CITY-ST-ZP  OFLICES  3.5 STREET ADDRESS  CITY-ST-ZP  OFLICES  OFLIC |   |  |                               |   |                              | 12      | Street Addre       | ess (r.            | .O. Box Number 6     | s Not Accept    | aulej                                |         |              | İ               |
| 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 re 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 final with, and accept the obligations of, Section 607.3905, Florida Statutes.  SIGNATURE  | ST.   | PETERSBURG FL 33710  |                               |   | 18                           | 13      |                    |                    |                      |                 | -                                    |         |              |                 |
| 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 re 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 final with, and accept the obligations of, Section 607.3905, Florida Statutes.  SIGNATURE  |   |  |                               |   | L                            |         |                    |                    |                      |                 |                                      |         |              |                 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its rediction of the provisions of Section 607.0505, Florida Statules.    SIGNATURE   |   |  |                               |   | 8                            | 14      | City               |                    |                      |                 | EI                                   | 85      | Zip C        | ode (           |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registragent. Jam familiar with, and accept the obligations of, Section 607.6505, Floridas Statutes.  SIGNATURE    12   |   |  | 0500                          | 500 El. 34- Ot-1-                       | 45. 45. 45.                  |         |                    | orotion            | aubmite this state   | mont for the    |                                      |         | na ite r     | onistered       |
| Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Nyred or printed name of registered agent and title of applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  STREET ADDRESS  CITY-57-2P  1.2 TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-57-2P  DELETE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-57-2P  DELETE  3.4 CITY-57-2P  STREET ADDRESS  CITY-57-2P  DELETE  3.5 TITLE  NAME  3.6 STREET ADDRESS  CITY-57-2P  DELETE  3.7 I OFFICERS AND DIRECTOR  THE NAME  3.7 NAME  3.8 ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change  CITY-57-2P  CANNUE D LAVA LLE  7.2 CO IT H AVE NORTH  STREET ADDRESS  CITY-57-2P  DELETE  3.1 TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-57-2P  TITLE  NAME  STREET ADDRESS  CITY-57-2P  DELETE  3.5 STREET ADDRESS  CITY-57-2P  DELETE  5.5 STREET ADDRESS  CITY-57-2P  Change  CHANGE  CITY-57-2P  DELETE  5.5 STREET ADDRESS  CITY-57-2P  Change  CHANGE  CITY-57-2P  CHANGE  CITY-57-2P  DELETE  5.6 STREET ADDRESS  CITY-57-2P  CHANGE  CITY-57-2P  CHANGE  CHANGE  CITY-57-2P  CHANGE  CHANGE  CHANGE  CITY-57-2P  CHANGE  | 11. Pursuant  | to the provisions of Sections 607<br>registered agent, or both, in the S | .0502 and 607.1               | 508, Fiorida Statu<br>Such change was a | tes, the abo<br>authorized b | ove-r   | e corporation      | oradon<br>on's boa | ard of directors. I  | hereby acce     | pt the appoi                         | ntment  | as reg       | istered         |
| 12.  | agent. I a  | am familiar with, and accept the of                                      | bligations of, Sec            | ction 607.0505, Flo                     | orida Statut                 | es.     |                    |                    |                      | •               |                                      |         |              |                 |
| 12.  | SIGNATURE   |  |                               |   | _                            |         |                    |                    |                      |                 |                                      |         |              |                 |
| TITLE  |   |  |                               | <u>`</u>                                |                              | gent si | ignature required  |                    |                      |                 |                                      |         | -070         |                 |
| 12 NAME  |   | OFFICERS   | S AND DIRECTO                 |   |                              |         |                    | А                  | DDITIONS/CHAN        | IGES TO OF      | FICERS AN                            |         |              | Addition        |
| 1.3 STREET ADDRESS   | TITLE   |  |                               | ☐ DELETE                                | 1.1 TITLE                    | •       | I P                |                    |                      |                 |                                      | Ци      | ange         | (A) Voginou     |
| 14 CITY-ST-ZIP   | NAME  |  |                               |   | 1.2 NAM                      | E       |                    |                    |                      |                 | ,                                    |         |              |                 |
| TITLE  | STREET ADDRESS                                      | ļ  |                               |   | 1.3 STR                      | ET AL   |                    |                    |                      |                 |                                      |         |              | ļ               |
| NAME   | CITY-ST-ZIP   |  |                               |   | 1.4 CITY                     | -ST-Z   | <u> 19 57</u>      | t Pe               | STERS BUI            | zc fl           | <u>. 337</u>                         |         |              |                 |
| STREET ADDRESS   2.3 STREET ADDRESS   7.2 2 6 1 1 TH AVE NORT H   2.4 city-st-zip   ST PETEUSPURG FL 33.7 1 O   Change   | TITLE   |  |                               | ☐ DELETE                                | 2.1 TITL                     | Ξ       | 5                  |                    |                      |                 |                                      | Ch      | ange         | ☑ Addition      |
| STREET ADDRESS   CITY-ST-ZIP   | NAME  |  |                               |   | 2.2 NAM                      | Ε       | RO                 | ΧΔι                | NNE DIA              | VAILE.          |                                      |         |              |                 |
| CITY-ST-ZIP  | STREET ADDRESS                                      | ss ·   |                               | 2.3 STR                                 |                              |         |                    |                    |                      | 4               |                                      |         |              |                 |
| TITLE  |   |  |                               |   | 2. 4 CITY-S                  |         |                    |                    |                      |                 |                                      | 10      |              | !               |
| NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME STREET ADDRESS CITY- ST-ZIP  DELETE ADDRESS CITY- ST-ZIP  TITLE NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME NAME NAME  |   |  |                               | ☐ DELETE                                |                              |         |                    |                    |                      |                 |                                      |         | ange         | Addition        |
| STREET ADDRESS   STRE   |   |  |                               |   | 1                            |         |                    |                    |                      |                 |                                      |         |              |                 |
| CITY-ST-ZIP  |   |  |                               |   |                              |         | DORESS             |                    |                      |                 |                                      |         |              |                 |
| TITLE         DELETE         4.1 TITLE         Change           NAME         4.2 NAME         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP         4.1 TITLE         Change           TITLE         5.1 TITLE         5.2 NAME         Change           NAME         5.3 STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change           TITLE         DELETE         6.1 TITLE         Change           NAME         CRAME         CHANGE         CHANGE   |   | '  |                               |   |                              |         |                    |                    |                      |                 |                                      |         |              |                 |
| NAME   |   |  | · -                           | □ DELETE                                |                              |         | ∠ır'               |                    |                      |                 |                                      | □CH     | ange         | Addition        |
| STREET ADDRESS   |   |  |                               |   | ı                            |         |                    |                    |                      |                 |                                      |         | <b>V</b> -   | _               |
| CITY-ST-ZIP  | NAME  |  |                               |   |                              |         |                    |                    |                      |                 |                                      |         |              |                 |
| TITLE         DELETE         5.1 TITLE         Change           NAME         52 NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME         Change  | STREET ADDRESS                                      | <b>5</b>   |                               |   |                              |         | i                  |                    |                      |                 |                                      |         |              |                 |
| NAME   | CITY-ST-ZIP   |  |                               |   |                              |         | ŽIP                |                    |                      |                 |                                      |         |              | Addition        |
| STREET ADDRESS   | TITLE   | }  |                               | ☐ DELETÉ                                |                              |         | İ                  |                    |                      |                 |                                      |         | ange         | ☐ ¥00mmu        |
| 5.4 CITY-ST-ZIP  | NAME  |  |                               |   |                              |         |                    |                    |                      |                 |                                      |         |              |                 |
| DELETE   | STREET ADDRESS                                      |  |                               |   | 5.3 STRI                     | EETAI   | DORESS             |                    |                      |                 |                                      |         |              |                 |
| NAME 6.2 NAME  | CITY-ST-ZIP   |  |                               |   |                              |         | ZIP                |                    |                      |                 |                                      |         |              |                 |
| PAME   | TITLE   |  |                               | ☐ DELETE                                | 6.1 TITL                     | E       |                    |                    |                      |                 |                                      | Ch      | ange         | ☐ Addition      |
|  | NAME  |  |                               |   |                              | •       | - 1                |                    |                      |                 |                                      |         |              |                 |
| STREET ADDRESS 6.3 STREET ADDRESS  | POWE  |  |                               |   | 6.2 NAM                      | E       | ı                  |                    |                      |                 |                                      |         |              |                 |

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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR