


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0113902

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000042796</b>					
1. Corporation Name <b>EXTERIOR DESIGNS, INC.</b>					
Principal Place of Business <b>305 SKYLINE CIRCLE CRESTVIEW FL 32539-6364</b>			Mailing Address <b>305 SKYLINE CIRCLE CRESTVIEW FL 32539-6364</b>		

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 12 AM 10:58



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>885 SANTA ROSA BLVD.</b> Suite, Apt. #, etc. 22 <b>#109</b> City & State 23 <b>FT. WALTON BEACH FL</b> Zip 24 <b>32548</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>885 SANTA ROSA BLVD.</b> Suite, Apt. #, etc. 27 <b>#109</b> City & State 28 <b>FT. WALTON BEACH, FL</b> Zip 29 <b>32548</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>05/12/1998</b>	
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AMES, GARY E 305 SKYLINE CIRCLE CRESTVIEW FL 32539-6364</b>				10. Name and Address of New Registered Agent 81 Name <b>JOSE LOPEZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>885 SANTA ROSA BLVD. #109</b> 83 84 City <b>FT. WALTON BEACH FL</b> 85 Zip Code <b>32548</b>	

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 Jose Lopez (NOTE: Registered Agent signature required when reinstating) DATE **7-29-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>JOSE LOPEZ</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>885 SANTA ROSA BLVD. #109</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32548</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>SHIRA LOPEZ</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>885 SANTA ROSA BLVD #109</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32548</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>SHIRA LOPEZ</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>885 SANTA ROSA BLVD. #109</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32548</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>100002962361--7</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>-08/17/99--01066--008</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Jose Lopez DATE **7-29-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/99)

# **EXTERIOR DESIGNS, INC.**

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**885 Santa Rosa Blvd. #109  
Ft. Walton Beach, FL 32548  
(850) 803-8873**

July 29, 1999

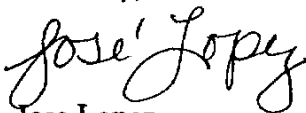
Mr. Toner  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Mr. Toner:

Last October, I purchased Exterior Designs, Inc. from Mr. Gary Ames and took over all business activity. I was told to wait until the Profit Corporation Annual Report was issued in order to change the place of business address and registered agent. In the meantime, Mr. Ames relocated from the current corporation mailing address of 305 Skyline Circle, Crestview FL 32539. The 1st Notice of the Annual Report did not get forwarded to Mr. Ames who would have promptly contacted me. The 2nd Notice did finally reach Mr. Ames at his new address and he forwarded this to me. This is the first notice I have received.

I have enclosed a check for the original filing fee of \$150.00. Circumstances beyond my control prevented me from getting this to you sooner. I apologize greatly for any inconvenience this has caused. Please feel free to contact me with any further questions at (850) 803-8873.

Sincerely,



Jose Lopez  
Owner