

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90137 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000055610

1. Corporation Name
AZTEC DESIGNZ INC.



Principal Place of Business
 2807 SW 2ND PLACE
 CAPE CORAL FL 33914

Mailing Address
 2807 SW 2ND PLACE
 CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1257 RIVERMIST DR**

2a. Mailing Address
 26 **1257 RIVERMIST DR**

3. Date Incorporated or Qualified
06/19/1998

4. FEI Number
59-3517060

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
Lilburn, GA

28 City & State
Lilburn, GA

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip
30047

25 Country
USA

29 Zip
30047

30 Country
USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, DEBRA G
 2807 SW 2ND PLACE
 CAPE CORAL FL 33914

81 Name **Sharon Boushary**
 82 Street Address (P.O. Box Numbers Not Permitted) **1442 SE 15th Terrace**
 83
 84 City **CAPE CORAL** FL 85 Zip Code **33990**

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 **SHARON BOUSHARY**

Sharon Boushary

DATE **04/20/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DEBRA G	1.2 NAME	LEWIS, DEBRA G
STREET ADDRESS	2807 SW 2ND PLACE	1.3 STREET ADDRESS	1257 RIVERMIST DR.
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	LILBURN, GA 30047
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JAMES A	2.2 NAME	LEWIS, JAMES A
STREET ADDRESS	2807 SW 2ND PLACE	2.3 STREET ADDRESS	1257 RIVERMIST DR
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	LILBURN, GA 30047
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: **Debra G Lewis** **DEBRA G LEWIS**

DATE **04/25/99** DAYTIME PHONE # **770-982-1555**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)