Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90009 041 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000057237

1. Corporation AGD HO	SPITALITY DESIGN AND P	URCHASING, INC.						
Drinning Dings	of Duciness	Mailing Address						
Principal Place 2029 TAFT STR		2029 TAFT STREET						
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020								
					DO NOT W		IS SPACE	
					 Date Incorporated or Qualife 06/26/1998 	.CI		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	4. FEI Number 4 4 / 4 o		plied For	
21		26			65-064626	1		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	, [–]	\$8.75 A	
22		27 Cit. 9 State		····				'
City & State	9	City & State			6. Election Campaign Financin Trust Fund Contribution	g 🗆	\$5.00 Added t	•
23 Zip	Country	28	Country	,	8. This corporation owes the cu	irrent vear		0 1 000
24	25	— ` — —	10		Personal Property Tax.	anone your	Yes	⊠ No
	9. Name and Address of Currer		~ 		10. Name and Address of Nev	Registere	d Agent	
			81	Name	-			
MEOLA, VINCE		82	Street Add	ress (P.O. Box Number is Not Acce	otable)			
2029 TAFT STREET				Cuccina				
HOLI	LYWOOD FL 33020		83		_			
			84	City	-	F	85 Zip (Code
			1			Г	Lii	
		1007 (F00 F) 11 OL ()	-1		anding a harite this atatamant for th	a auroaca	of changing its	registered
11. Pursuant I office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the above horized by ta Statutes	e-named corp the corporati	poration submits this statement for the on's board of directors. I hereby according to the contract of the con	ne purpose cept the app	of changing its pointment as re	registered gistered
agent. I ar SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0005, Florid	a Statutes	i.			of changing its pointment as re	registered gistered
agent. I ar SIGNATURE	m familiar with, and accept the obligation of segments and several segments of the segment of segments and segments are segments.	nt and title if applicable. (NOTE: F	a Statutes	i.	ed when reinstating)	DATE		
agent. I ar	m familiar with, and accept the obligation of segments and several segments of the segment of segments and segments are segments.	ations of, Section 607.0005, Florid	a Statutes	i.		DATE		
agent. I ar SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AND	nti and title if applicable. (NOTE: R	Registered Ager	i.	ed when reinstating)	DATE	AND DIRECTO	RS IN 12
agent. I ar SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of th	nti and title if applicable. (NOTE: R	Registered Ager 13. 1.1 TITLE 1.2 NAME	i.	ed when reinstating)	DATE	AND DIRECTO	RS IN 12
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agent. Far SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND MIRON, JOEL 2029 TAFT STREET HOLLYWOOD FL 33020 D MEOLA, VINCE	int and title if applicable. (NOTE: F	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE*	nt signature require	ed when reinstating)	DATE	AND DIRECTO ☐ Change	RS IN 12
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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 supplied ental 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 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition