## \*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** 

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90059 029 \*\*\*150.00

	DOCUMENT #	P980000791	35
--	------------	------------	----

1. Corporation Name

D & S DESIGNS, INC.

-1					
Principal Place	of Business	Mailing Address			:  6 6   1600  1 6  9    100
1141 N.W. 111T		1141 N.W. 111TH AVENUE			
PLANTATION FL		PLANTATION FL 33322			
ł				DO NOT WRITE IN THIS SP	ACE
 				3. Date Incorporated or Qualifed 09/14/1998	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 34/3	S HAWKS CONH		WKS COUH		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
22		27			Fee Required
23	tow Rosion	City & State FOW	FLOTION	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3333	Country 25	29 3333/ 3	Country		Yes □No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered Age	nt
DIAF	OK BOREDT		81 Name		ļ
ſ	CK, ROBERT	,	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1	N.W. 111TH AVENUE				
PLAN	ITATION FL 33322		83		
			84 City		35 Zip Code
L				<u> </u>	
office or re	edistered agent or both in the State	of Florida. Such change was auth	norized by the corporal	rporation submits this statement for the purpose of chartion's board of directors. I hereby accept the appointm	nging its registered ent as registered
agent. I ar	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes.	, , ,	-
SIGNATURE				uired when reinstating) DATE	
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Ri	egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change
NAME	DWECK, ROBERT		1.2 NAME		
STREET ADDRESS	1141 N.W. 111TH AVENUE		1.3 STREET ADDRESS		
CITY+ST-ZIP	PLANTATION FL 33322		1.4 CITY+ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	DWECK, DEBBIE		2.2 NAME		
STREET ADDRESS	1141 N.W. 111TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE	•	☐ DELETÉ	4.1 TITLE	L	Change [] Addition [
NAME			4, 2 NAME		l
STREET ADDRESS	i		4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DÉLETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		□ VELETE	5.2 NAME		1 =
NAME	الديد والمهدام بياطواهم الكراميسيسية أن المناه ا ا	المرتبعينية المحادث	5.3 STREET ADDRESS	ما الروادة الدوار الاطروبية في 1864 م. والدوارات المنظم ا	,
CITY-ST-ZIP			5.4 CITY-ST-ZIP	The second secon	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		<del>_</del>	6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	•	
	artify that the information cumplied wi	ith this filing does not qualify for th	a 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 on an attachment with an address, with all other like empowered.

561-833-9893