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

DOCUMENT # P98000087887

1. Corporation Name

BOND DESIGNS, INC.

Principal Place of Business	Mailing Address
4134 GULF OF MEXICO DRIVE. SUITE 302 LONGBOAT KEY FL 34228	4134 GULF OF MEXICO DRIVE. SUITE 302 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/13/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 2255 GLADES RD	26 2255 GLADES RD	65-0871544	Applied For / Not Applicable
Suite, Apt. #, etc. 22 324A	Suite, Apt. #, etc. 27 324A	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
Zip 24 33431 Country 25 U.S.A	Zip 29 33431 Country 30 U.S.A	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
BOND, ANDREW 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228	81 Name ANDREW BOND 82 Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES RD # 324A 83 84 City BOCA RATON FL 85 Zip Code 33431

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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME BOND, ANDREW STREET ADDRESS 4134 GULF OF MEXICO DRIVE, SUITE 302 CITY-ST-ZIP LONGBOAT KEY FL 34228	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	BOND DESIGNS INC ANDREW BOND 2255 GLADES RD #324A BOCA RATON FL 33431	☒Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X FEB 17 1999   561 445 4442
Date   Daytime Phone #

CR2E034 (11/98)