

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90018 037 ***550.00

DOCUMENT # **P98000099987**

1. Corporation Name

DESIGN RITE, INC.



Principal Place of Business

**1749 S.E. 6TH LANE
OKEECHOBEE FL 34974**

Mailing Address

**1749 S.E. 6TH LANE
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

2. Principal Place of Business

21 1555 20TH AVE S.W.

2a. Mailing Address

26 600 EXECUTIVE CENTER DR

4. FEI Number

65-0880169

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 #211

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

City & State

23 VERO BEACH, FL

City & State

28 W. PALM BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

Zip

24 32962

Country

25

Zip

29 33401

Country

30

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, TERRY

**~~1749 S.E. 6TH LANE~~
~~OKEECHOBEE FL 34974~~**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600 EXECUTIVE CENTER DR

83 #211

84 City

W. PALM BEACH

FL

85 Zip Code

33401

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

TITLE **PSD** ☐ DELETE

NAME **MARTIN, TERRY**

STREET ADDRESS **~~1749 S.E. 6TH LANE~~**

CITY-ST-ZIP **~~OKEECHOBEE FL 34974~~**

TITLE **VD** ☐ DELETE

NAME **MARTIN, DAVID**

STREET ADDRESS **1555 20TH AVENUE S.W.**

CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

600 EXECUTIVE CENTER DR #211

1.3 STREET ADDRESS

W. PALM BEACH, FL 33401

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)