## 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** 

2a. Mailing Address

Suite, Apt. #, etc.

26

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## DOCUMENT # P98000102382

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

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22

3D DESIGN SERVICES, INC.

Principal Place of Business	Mailing Address
3901 SOUTH OCEAN DRIVE	3901 SOUTH OCEAN DRIVE
BUILDING 3. SUITE 2H	BUILDING 3. SUITE 2H
HOLLYWOOD FL 33019	HOLLYWOOD FL 33019

## **FILED** May 14, 1999 8:00 am Secretary of State

05-14-1999 90006 017 \*\*\*\*\*8.75 05-14-1999 90006 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

65-6881394

12/09/1998 4. FEI Number

Addition of the provisions of Sections 607 0502 and 807 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent.  AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134  B1 Name CORAL GABLES FL 33134  B2 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  B1 Name CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33134  B3 Street Address (P.O. Box Number is Not Acc	City & State	e	City & Sta	ate			6. Election Campaign Financing 53.00 May Be		
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134  40 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fioride Statutes, the above-named orporation submits this statement for the purpose of charactering its registered orginal or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered orginal are marked agent, and accept the obligations of, Section 607 0505, Florida Statutes.  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named organization submits this statement for the purpose of charactering its registered organization of purpose agent, and the provision of charactering its registered agent, the appointment as registered agent, the provisions of Section 607 0505, Florida Statutes.  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes.  12. Purpose of charactering its registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent, the appointment agent are registered agent. It is a provision of section 607 0505, Florida Statutes.  12. Purpose of Charactering its registered agent or purpose agent ag	23		28				Trust Fund Contribution - Added to Fees		
3. Name and Address of Current Registered Agent  AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134  46 City  FL  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 City  FL  81 Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  85 City  FL  85 Zip Code  86 City  FL  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  9	Zip	Country	Zip	Count		ry			
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AMERILAWYER 343 AJMERIA AVENUE CORAL GABLES FI, 33134  BB  Gity  FL  BB  Zip Code  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 all milliar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  PSTD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VANDERLEM, RAYMOND J  STREET ADDRESS  OTH-51-2P  TITLE  ACTY51-2P  TITLE  DELETE  21 TITLE  Change Addition  ACTY51-2P  TITLE  DELETE  31 TITLE  Change Addition  ACTY51-2P  TITLE  DELETE  31 TITLE  Change Addition  ACTY51-2P  TITLE  ACTY51-2P  TITLE  DELETE  31 TITLE  Change Addition  ACTY51-2P  TITLE  Change Addition  ACTY51-2P  TITLE  DELETE  31 TITLE  Change Addition  ACTY51-2P  TITLE  Change Addition  ACTY51-2P  TITLE  STREET ADDRESS  ACTY51-2P  TITLE  ACTY51-2P  Addition  Addition  Addition  Addition  Addition  ACTY51-2P  Addition  Addition  ACTY51-2P  Addition  Addition  ACTY51-2P		9. Name and Address of Current F	Registered Age	nt					
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Signature, typed or printed name of ingitatered agent and title of application.   PSTD	agent. I a	m familiar with, and accept the obligation	ns of, Section 60	U7.U5U5, Florida	Statute	98.			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MAME  M	SIGNATURE		ad the familiant's	(NOTE: Pa	aistered *	ant signatu	Par (equited when reinstation) DATE		
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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	14. I hereby o	certify that the information supplied with	this filing does r	not qualify for th	e exem	ption sta	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

Block 12 or Block 13 if changed, or on an attachment with

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