

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 08, 1999 8:00 am  
Secretary of State

04-08-1999 90085 009 \*\*\*150.00

DOCUMENT # P98000104879  
1. Corporation Name

KNIGHT DESIGN, INC.

Principal Place of Business Mailing Address  
801 SW 63RD TERRACE  
NORTH LAUDERDALE, FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

DECEMBER 17, 1998

4. FEI Number

65-0882875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 533 S. DIXIE HWY

26 533 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2ND FLR

27 2ND FLR

City & State

City & State

23 DEERFIELD BEACH, FL

28 DEERFIELD BEACH, FL

Zip

Zip

24 33441 25 U.S.A.

29 33441 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JASON N. KNIGHT  
801 SW 63RD TERRACE  
NORTH LAUDERDALE, FL 33068

81 Name

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

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JASON N. KNIGHT, PRESIDENT

3/30/99

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 PRESIDENT ☐ DELETE  
NAME JASON N. KNIGHT  
STREET ADDRESS 801 SW 63RD TERRACE  
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE  
NAME JASON N. KNIGHT  
STREET ADDRESS 801 SW 63RD TERRACE  
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TREASURER ☐ DELETE  
NAME JASON N. KNIGHT  
STREET ADDRESS 801 SW 63RD TERRACE  
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

JASON N. KNIGHT, PRESIDENT 3/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 425-8449

Daytime Phone #

CR2E034 (11/98)