

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 90038 046 \*\*\*150.00

DOCUMENT # **P98000107265**

1. Corporation Name

**DESIGNER'S SIGNATURE TREASURES CORP.**



Principal Place of Business

**1300 N. FLORIDA MANGO RD., SUITE 19  
W. PALM BCH FL 33409**

Mailing Address

**1300 N. FLORIDA MANGO RD., SUITE 19  
W. PALM BCH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/24/1998**

2. Principal Place of Business

2a. Mailing Address

**21 1300 N. Florida Mango**  
Suite, Apt. #, etc.

**26 1300 N. Florida Mango Rd**  
Suite, Apt. #, etc.

4. FEI Number

**65-0909871**

Applied For

Not Applicable

**22 Suite 19**  
City & State

**27 Suite 19**  
City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**23 W. Palm Bch, FL 33409**  
Zip Country

**28 W. Palm Bch, FL 33409**  
Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**24** **25 USA**

**29** **30 USA**

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

**GREENE, WILLIAM H  
214 PLANTATION RD.  
PALM BCH FL 33480**

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

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 ☐ DELETE  
NAME **William H. Greene**  
STREET ADDRESS **President**  
CITY-ST-ZIP **214 Plantation Rd.**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **Paul Chaney**  
STREET ADDRESS **Vice President**  
CITY-ST-ZIP **1701 Manor Ave.**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **Elizabeth Greene**  
STREET ADDRESS **Secretary/Treasurer**  
CITY-ST-ZIP **214 Plantation Rd.**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **Paul Chaney**  
STREET ADDRESS **Vice President**  
CITY-ST-ZIP **1701 Manor Ave.**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **Elizabeth Greene**  
STREET ADDRESS **Secretary/Treasurer**  
CITY-ST-ZIP **214 Plantation Rd.**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **Paul Chaney**  
STREET ADDRESS **Vice President**  
CITY-ST-ZIP **1701 Manor Ave.**

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **Elizabeth Greene**  
STREET ADDRESS **Secretary/Treasurer**  
CITY-ST-ZIP **214 Plantation Rd.**

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE: **William H. Greene**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-99** **561-688-1930**

Date

Daytime Phone #

CD020326-111091