FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 26119 TROON AVE

MOUNT PLYMOUTH FL 32776

PROFIT CORPORATION ANNUAL REPORT 1999

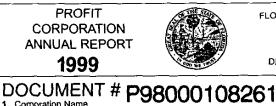
HAYS

26119 TROON AVE

Principal Place of Business

MOUNT PLYMOUTH FL 32776

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90202 034 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/30/1998

CASH DESIGN STUDIOS, INC.	

2. Principal	I Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number			pplied For
21		26			59-355445	<u> </u>	 _	ot Applicable
Suite, Ap	pt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional equired
City & S	itate	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zíp	Country	Zip	Count		8. This corporation owes the curr	ent vear Intano		
24	25	29	30		Personal Property Tax.	_	Yes	□No
24	9. Name and Address of Currer	_ —			10. Name and Address of New I	Registered Ag	ent	
			8	1 Name				
CASH, PENNY								
26119 TROON AVE			1	2 Street Addr	ress (P.O. Box Number is Not Accept	able)		
MO	OUNT PLYMOUTH FL 32776		18	3				
				4 City		FL	<u> </u>	Code
office o	ant to the provisions of Sections 607,050 or registered agent, or both, in the State	of Florida. Such change w	as authorized t	y the corporation	poration submits this statement for the on's board of directors. I hereby acce	purpose of chi pt the appointm	anging its rent as re	s registered egistered
agent.	I am familiar with, and accept the obliga	ations of, Section 607.0505	i, Florida Statut	es.				
SIGNATUR	RE					DATE		
40	Signature, typed or printed name of registered age	ont and title if applicable.	(NOTE: Registered A	ent signature require	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
12.		DELET			ADDITIONS/CHANGES TO CI		Change	Addition
TITLE	D CASH DENNY	בן טכנבי		J			_ •	_
NAME	CASH, PENNY		1.2 NAM	l				
STREET ADDRE	26119 TROON AVE			ET ADDRESS				
CITY-ST-ZIP	MOUNT PLYMOUTH FL 32776			ST-ZIP			Change	Addition
TITLE	D	, 🔲 DELET		ſ		· ·	_ ononge	
NAME	HAYS, DOUG		2.2 NAM	!				
STREET ADDRE	ss 26119 TROON AVE			EET ADDRESS				
CITY-ST-ZIP	MOUNT PLYMOUTH FL 32776			-ST-ZIP			Chapas	☐ Addition
TITLE		☐ DELET				Ĺ) Change	
NAME			3.2 NAM	J				
STREET ADDRE	ESS		3.3 STRI	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP			T Change	Addition
TITLE		☐ DELET				Ĺ	_ Change	Addition
NAME			4. 2 NAA	í				
STREET ADDRE	ESS			ET ADDRESS				
CITY-ST-ZIP		Oser	4.4 CITY				Change	Addition
TITLE		☐ DELET	5.1 TITU 5.2 NAM			L		
NAME				_				
STREET ADDRE	ESS			ET ADDRESS				
CITY-ST-ZIP	· 		5.4 CITY 6.1 TITU				Change	Addition
πīLE		☐ DELET	_	-		L		L AUGIOU
NAME			6.2 NAM					
STREET ADORE	ESS			ET ADDRESS				
CITY-ST-ZIP			6.4 CITY		·			
44 15	by certify that the information supplied we do not his armual report or supplement; or director of the corporation or the rect 12 or Block 13 if changed or on an atta	rith this filing does not qual annual report is true and eiver or trustee empowered cument with an address, w	ifu for the ever	ntion stated in	Section 119.07(3)(i), Florida Statutes. e shall have the same legal effect as ired by Chapter 607, Florida Statutes	I further certify if made under o ; and that my r	that the bath; that name app	information I am an bears in