

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:05

DOCUMENT # S18725 (9)

1. Corporation Name
DESSIN, INC.

Principal Place of Business
P.O. BOX 50805
JACKSONVILLE BEACH FL 32240

Mailing Address
P.O. BOX 50805
JACKSONVILLE BEACH FL 32240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1990
3a. Date of Last Report 03/10/1994
4. FEI Number 59-3041696
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

VANNORTWICK, HOPE
462 STURDIVANT AVENUE
3000 INDEPENDENT SQUARE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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 of corporation

(If Not Registered Agent, Signature Required When Applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
VANNORTWICK, HOPE H
462 STURDIVANT RD.
ATLANTIC BEACH FL
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5
13.6 TITLE
13.7 NAME
13.8 STREET ADDRESS
13.9 CITY, ST, ZIP
13.10
13.11 TITLE
13.12 NAME
13.13 STREET ADDRESS
13.14 CITY, ST, ZIP
13.15
13.16 TITLE
13.17 NAME
13.18 STREET ADDRESS
13.19 CITY, ST, ZIP
13.20
13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY, ST, ZIP
13.25
13.26 TITLE
13.27 NAME
13.28 STREET ADDRESS
13.29 CITY, ST, ZIP
13.30

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133.05, 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 person or persons 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 amendment with no changes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/1/95 95/245585