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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name S26172

(4)

	SUGERMAN DESIGN, IN				
Principal Place of Business Mailing Address				1 LEGITE OF THE STREET STREET STREET STREET	n iini minii alsii didli dibii didli bidli 198(
		12601 NE 7TH AVE NORTH MIAMI FL 33161			
				3. Date Incorporated or Qualified 01/18/1991	3a. Date of Last Report 04/20/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 250 LANDI	na bud.	65-0243154	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Continuate of Status Desired	Fee Required
City & State	3	City & State	analy a	6. Election Campaign Financing	\$5.00 May Be
Zip		28 7 T. UK VV	ZIMAKIE, FL	Trust Fund Contribution	Added to Fees
24	Country 25	29 32327	Country ,	8. This corporation has liability for	
[27]	9. Name and Address of Curr		30	Fiorida Statutes Yes  10. Name and Address of New F	No Registered Agent
			81 Name	To. Name and Address of New F	asylatered Agent
DAVID N WOLOFSKY 400 LESLIE DR			82 Street Addre	Address (P.O. Box Number is Not Acceptable)	
SUITE 2			83		
	DALE FL 33009		84 City		
		,	1.1.3		FL 85 Zip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	02 and 607.1508, Florida Statutes, rida. Such change was authorized ction 607.0505, Flonda Statutes.	the above named corpora by the corporation's board	tion submits this statement for the pur d of directors. I hereby accept the app	pose of changing its registered office bintment as registered agent. I am
SIGNATURE _	<b>2</b>				
12.	Signature, types or printed name of registered by	ort and other fragiskable (NOTE) ND DIRECTORS	Registered Agent signature required to 13.		DATE
TITLE	PD	DELETE		ADDITIONS/CHANGES TO OFF	Change Addition
NAVE	SUGERMAN, BRETT	L occert	1.2 NAME	esident Zeit sugenman so landings b	Excusings T vonition
STREET ADDRESS	12601 NE 7TH AVE		1.3 STREET ADDRESS 23	to LANDINGS &	ا
CITY-ST-ZIP	N MIAMI FL		1.4 CHTY-ST-ZIP	. LAVOERDALE!	FL 233 27
TITLE		DELFTE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		1
TITLE		☐ DELETE	3 1 7/TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZP			3 4 CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELE1E	5 1 TIFLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6. TTITLE		. Change Addition
NAME.			6 2 NAME		
STREET ADDIRESS			6.3 STREET ADDRESS		

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 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this annual roport 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 ex director of the communication or the receiver or trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if Block 13 if changed for on an attachment with an address.

6.4 City - St - ZiP

SIGNATURE:

CITY-ST-ZIP

WITURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305.893.679J

CR2E034 (12/95)