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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

S36304

(1)

VICTOR LEON DESIGN GROUP, INC.

Principal Place	of Business	Mailing	iling Address				1	# 100 tille 01668 13111 W#11		#11 B+B11 B11	JII 01011 BIBII 1881	
261 S. ORAN SARASOTA 1		261 S. ORANGE AVE SARASOTA FL 34236										
							3. Date Incom 03/05/	oprated or Qualified		e of Last 13/31/1		
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number 59-3057539				Applied For	
21		26					<u> </u>	D1009			Not Applicable	
Suite, Apt #	#, etc.	27	Suite, Apt. #, etc.				5. Certificate	of Status Desired			5 Additional e Required	
City & State)	City & State				6. Election Ca	ampaign Financing		\$5.	00 May Be	٦	
23		28				Trust Fund	Contribution	L] 		led to Fees		
Zip	Country	Zip		Cou	intry			ration has liability for	. •	ax under	s 199.032,	
24	25	29		30	т		Florida Sta		. □ No			
	g, Name and Address of Curre	nt Registered	Agent		81	Name	10. Name and	Address of New F	legistered	Agent		\dashv
					°'	Marrie						
	RDELLA, VICTOR Ł. ALM AIR DRIVE					Street Ac	kiress (P.O. Box Nur					
SUITE 1					83							
SARAS	DTA FL 34243					City				85	Zip Code	\dashv
					84				<u>FL</u>	<u>- </u>		
or register familiar wit	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ioa. Such chai	nge was authora	red by the a	ove-n ove-n	iamed corp bration's bo	oration submits this pard of directors. The	statement for the pu ereby accept the app	rpose of ch sontment as	anging its registere	s registered office ad agent. I am	3
SIGNATURE _	Signature, typed or proted runner of rely-densitiages	La id Mort applicas	in in	10. Beginne	1 Aper	t signature sup	med when revisitating		DAT:			ł
12.	OFFICERS AN	ND DIRECTOR	the same of the sa	13.			ADDITIONS	S/CHANGES TO OFF				_[
TITLE	VP	••		1 11	II. FE				l	Change	e 🔲 Addition	
NAME	KITANOVSKI, DIANE			1.2 N	AME							
STREET ADDRESS	4024 WAIKIKI DRIVE			135	THEET	ADDRESS						
CITY - ST - ZIP	SARASOTA FL				1.4 CHTY - ST - ZIP							4
TITLE	DP OAMBARDELLA MOTOR				2 1 TIT. E				ļ	☐ Change	e 🔲 Addition	
NAME	GAMBARDELLA, VICTOR L.			2 2 N								İ
STREET ADDRESS	5412 PALM AIRE DRIVE					ADDRESS						
CITY-ST-ZIP	SARASOTA FL		ET DELETE		ary S	T ZIF				FT Chang	- I Addiso	
TITLE			DELFTE	3 1 1						Change	e 🔲 Addition	
NAME				3 2 N								
STREET ADDRESS						LADORESS						
C:TY+ST+ZIP TITLE			DECETE	340	**	1 - ZIP				Chang	e 🗍 Addition	-
			LJ barere							Singing-	, D Madaon	
NAME STOREY ADDRESS				42 N		*850161						1
STREET ADDRESS						ADDRESS 7.0						
CITY-ST-ZIP TITLE			DELETE	5 11		7-ZiP				Chang	e 🔲 Addition	\dashv
NAME				5 2 N								
STREET ADDRESS	1					ADDRESS						ļ
!						iT-ZIP						1
CITY-ST-ZIP			DELETE	6 1		11-211				Chang	e Addition	
NAME				621								
I INDIAN	3			0 7 11		1						

14. Too 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). Florida Statutes. I further certify that the information indicated on this angual 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 concerning of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or any trachment with an address.

6 4 CITY - ST - ZIP

6 3 STHELL ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR