FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S65955 (4)

1. Corporation Name
GARRIPOLI DESIGNS, INC.

Principal Place of Business	Mailing Address
5410 MARINER STREET TAMPA FL 33609	5410 MARINER STREET TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1991
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business	2a. Mailing Address
21 1300 N. BOULEVARD	26 1300 N. Boulevard
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA FL	28 City & State: TAMPA FL
24 Zip: 33607 25 Country	29 Zip: 33607 30 Country

4. FEI Number: 59-3076272 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GARRIPOLI, GARRI
5410 MARINER STREET
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: GARRI GARRIPOLI
82 Street Address (P.O. Box Number is Not Acceptable): 1300 N. BOULEVARD
83
84 City: TAMPA FL 85 Zip Code: 33607

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: GARRI GARRIPOLI — 3/19/95
Signature, type 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	D	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	GARRIPOLI, GARRI	1.2 NAME	
STREET ADDRESS	2381 E. VINA DEL MAR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	GARRIPOLI, GARRI 34275 610 EAGLE PLACE, NOKOMIS, FL
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	GARRIPOLI, DIANE	2.2 NAME	
STREET ADDRESS	2381 E. VINA DEL MAR	2.3 STREET ADDRESS	OMIT
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BADERTSCHER, MICHAEL	3.2 NAME	
STREET ADDRESS	4869 NEOLA PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee 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 added to the report with an address.

SIGNATURE: Garri Garripoli 3/19/95 254-0245
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0204107 CP