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

**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # S73350



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90055 024 \*\*\*150.00

1. Corporation Name	010000	
CONTRACT DESIGN	SOLUTIONS, INC.	

Principal Place of Business	Mailing Address						
5541 Hawkes Bluff ave Davie Fl 33331 US	5541 Hawkes Bluff Avenue Davie FL 33331 US	DAVIE FL 33331		DO NOT WRITE IN THIS SPACE			
	•		3. Date Incorporated or Qualifed 08/12/1991				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21	26		65-0278921	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc	- s <del>*</del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Cc 29 30	ountry	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
GOLD, SHARON 5541 HAWKES BLUFF AVE		81 Name					
		82 Street Address (P.O. Box Number is Not Acceptable)					
DAVIE FL 33331	·	83	·				
•	· ·	04 0:4		es Zin 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.

-9	, ,							
SIGNATURE	Signature, typed or printed name of registered agent and title if a	oplicable. (NOTE: Re	gistered Agent signature re	equired when reinstating)	<u> </u>	DATE	<del></del>	
12.	OFFICERS AND DIREC		13.		S/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	GOLD, SHARON		1.2 NAME	•				
STREET ADDRESS	5541 HAWKES BLUFF AVENUE		1.3 STREET ADDRESS					
CTTY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP					
TITLE	VP	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	GOLD, FRED		2.2 NAME					
STREET ADDRESS	5541 HAWKES BLUFF AVE		2.3 STREET ADDRESS					
CITY-ST-ZIP	DAVIE FL -	ومنسي راديوس د	2.4 CITY-ST-ZIP		inder State Comments			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS			•		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	•		5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP		· .			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	,		6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP	4		6.4 CITY-ST-ZIP					•

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

ACRE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR