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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$92878  1. Corporation Name DAZZLER DESIGNS, INC.				01-25-1999 90007 006	***150.00
				<u> </u>	
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
00 EXECUTIVE WAY 200 EXECUTIVE WAY					
ONTE VEDRA E	EACH FL 32082	PONTE VEDRA BEACH FL 320	082	DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
	•			11/08/1991	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
1		26		59-3093776	\$8.75 Additional
Suite, Apt.	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
2		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	1	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible
24	25	29 3	o]	Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
	TET DADON!				
BARTLETT, BARON L 615 HIGHWAY A1A			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 101			83		
PONTE VEDRA REACH EL 32082					85 Zip Code
			84 City		FLY 14 sanding the last
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpo- ion's board of directors. I hereby accept the	se of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut ations of, Section 607.0505, Floric	nonzed by the corporat la Statutes.	poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	
	III lattiniai with, and doospt ins said			ad when reinstating) DA	
SIGNATURE	Signature, typed or printed name of registered ag	an and and appropriate the second sec	egistered Agent signature requir	ADDITIONS/CHANGES TO OFFICER	
12.		ND DIRECTORS	13.	Abbitionordiratogo	☐ Change ☐ Addition
TITLE	D DEA		1.2 NAME		İ
NAME	STOLL, REA 200 EXECUTIVE WAY		1.3 STREET ADDRESS		
STREET ADDRESS	PONTE VEDRA BCH FL		1.4 CITY-ST-ZIP		
TITLE .	D	☐ DELETE	2.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME	STOLL, ROBERT		2.2 NAME		
STREET ADDRESS	200 EXECUTIVE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS	•	·	3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4, CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		<u> </u>	4. 2 NAME		· · · · · · · ·
NAME		a •	4.3 STREET ADDRESS	•	
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	· •	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	:	<u> </u>	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		El cuando El canado

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. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

January 7, 1999