

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90032 043 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # V11624**

1. Corporation Name

**DESIGN KONTRACTORS, INC.**

Principal Place of Business

1701 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

Mailing Address

1701 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1992

4. FEI Number

65-0012325

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 Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DIGIORGIO, THOMAS H., JR.  
3320 S.E. 4TH STREET  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3408 Spring Street, #5

83 Pompano Beach, FL

84 City

FL

85 Zip Code

33062

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME DPT  
DIGIORGIO, THOMAS H., JR.  
STREET ADDRESS 3320 S.E. 4TH STREET  
CITY-ST-ZIP POMPANO BEACH FLTITLE ☐ DELETENAME V  
DIGIORGIO, THOMAS H., SR.  
STREET ADDRESS 2525 N.E. 28TH COURT  
CITY-ST-ZIP LIGHTHOUSE POINT FLTITLE ☐ DELETENAME DS  
DOUGHERTY, EDWARD C.A.  
STREET ADDRESS P.O. BOX 1717 N/A  
CITY-ST-ZIP POMPANO BEACH FLTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3408 Spring Street #5

1.4 CITY-ST-ZIP Pompano Beach, FL 33062

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 24 NE 24th AVE

2.3 STREET ADDRESS Pompano Beach, FL

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 24 NE 24th AVE

3.3 STREET ADDRESS Pompano Beach, FL

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)