## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Feb 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (6)VERNISSAGE DESIGNS, INC. Principal Place of Business Mailing Address 2029 HARRISON ST 2029 HARRISON ST DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 04/08/1992 2, Principal Place of Business 2s. Mailing Address FEI Number Applied For 5-0336632 <del>-59-03696</del> 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **CROSFIELD. JAMES** 1312 TANGELO ISLE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33315 Zip Code 84 City 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE et agent and the it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CROSFIELD, JAMES 1.2 NAME NAME 1312 TANGELO ISLE 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE TITLE 21 TITLE CROSFIELD, ROBIN NAME 22 NAME 1312 TANGELO ISLE STREET ADDRESS 23 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition DELETE TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE

NAME

STREET ADDRESS

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 arrival 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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CROSFIRM

2/12/5f