

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90077 029 ***150.00

DOCUMENT # V30275

1. Corporation Name

THOR DESIGN, INC.

Principal Place of Business

2005 HARRISON ST. 114 SOUTH 20 AVE
HOLLYWOOD FL 33020

Mailing Address

2005 HARRISON ST. 114 SOUTH 20 AVE
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1992

4. FEI Number

65-0346277

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 114 SOUTH 20 AVE

2a. Mailing Address

26 114 SOUTH 20 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HOLLYWOOD FL

City & State

28 HOLLYWOOD FL

Zip

Country

24 33020 25 USA

Zip

Country

29 33020 30 USA

9. Name and Address of Current Registered Agent

PREUSS, HELMUT

2005 HARRISON STREET 114 SOUTH 20 AVE
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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.

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 P ☐ DELETE
NAME PREUSS, HELMUT
STREET ADDRESS 2005 HARRISON
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VPS ☐ DELETE
NAME PREUSS, TERRY
STREET ADDRESS 2005 HARRISON
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE T ☐ DELETE
NAME LOPEZ, MARIANA
STREET ADDRESS 2005 HARRISON
CITY-ST-ZIP HOLLYWOOD FL 33020

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 P ☒ Change ☐ Addition
1.2 NAME PREUSS, HELMUT
1.3 STREET ADDRESS 114 SOUTH 20 AVE
1.4 CITY-ST-ZIP HOLLYWOOD FL. 33020

2.1 TITLE VPS ☒ Change ☐ Addition
2.2 NAME PREUSS, TERRY
2.3 STREET ADDRESS 114 SOUTH 20 AVE
2.4 CITY-ST-ZIP HOLLYWOOD FL. 33020

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME MARIANA LOPEZ
3.3 STREET ADDRESS 114 SOUTH 20 AVE
3.4 CITY-ST-ZIP HOLLYWOOD FL. 33020

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/98 (954) 920-3395