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**

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90045 007 ***150.00

DOCUMENT # V26872

| 1. Corporation | Name V30072 | | | | | | |
|---|---|---|--------------------------|--|--|----------------------------------|-------------------|
| DESIGN TRADING CORP. | | | | | | | |
| | | | | | 1 19011 AN BARA 11410 BHAN 18411 HANG 1184 BIG | | |
| | | | | | | | |
| Principal Place of Business Mailing Address | | | | | I Ideal Street Mars Street Annual Control of the Co | | |
| 6722 WILLOWWOOD DRIVE 6722 WILLOWWOOD DRIVE | | | | | | | |
| SUITE 1502 | 1 02404 | SUITE 1502 BOCA RATON FL 33434 | | | DO NOT WRITE IN THIS SPACE | | |
| BOCA RATON FL 33434 US | | US | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 05/18/1992 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4, FEI Number | Applied For | | |
| 21 | | 26 | | | 65-0337290 | | lot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired \$8.75 Additional Fee Required | | | |
| 22 | | City & State | | S. S. C. Sanda Flancia | | | |
| City & State | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | | May Be | |
| Zip | Country | Zip | Country | , | 8. This corporation owes the current year | | |
| 24 | 25 | 29 30 | ¬ | | Personal Property Tax. | ☐Yes | ™ No |
| | 9. Name and Address of Current | | | | 10. Name and Address of New Registere | d Agent | |
| ^ | | | 81 | Name o | CHOLAN DONPLD | | |
| COHOLAN, DONALS | | | 82 | Street Add | iress (P.O. Box Number is Not Acceptable) | | |
| 6722 WILLOW WOOD DR | | | L | | | | |
| SUITE 1502 | | | 83 | | | | |
| BOCA RATON FL 33434 | | | 84 | City | | 85 Zip | Code |
| | | | | | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | : and 607.1508, Florida Statutes, of Florida. Such change was auth | , the abov norized by | e-named corporat | poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the purpose appropriate the purpose to the purpos | or changing in pointment as r | registered |
| agent. I a | m amilian with, and accept the obligati | on of, Section 607.0505, Florid | a Statutes | ì. | did | 40 | |
| SIGNATURE | "Monael o | holan | | | red when reinstating) DATE | <i>]/</i> | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | 13. | ni signatora requi | ADDITIONS/CHANGES TO OFFICERS | AND DIRECT | ORS IN 12 |
| TITLE | | | 1.1 TITLE | | | Change | |
| NAME | COHOLAN, DONALD | 1.2 NA | | | | | |
| STREET ADDRESS | | | 1.3 STREE | T ADDRESS | | | 1 |
| CITY-ST-ZIP | | | 1.4 CITY-5 | T-ZIP | | | |
| TITLE | | | 2.1 TITLE | | | Change | Addition Addition |
| NAME | 22N | | 2.2 NAME | | | | J |
| STREET ADDRESS | 233 | | 2.3 STREE | TADORESS | | | ļ |
| CITY-ST-ZIP | | | 2. 4 CITY- | ST-ZIP | <u> </u> | Change | Addition |
| TITLE | | DELETE | 3.1.TITLE | | مستاها في المنظ والمنطاب | ☐ Change | , Madinon |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | , | | Į. | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-: 4.1 TITLE | 31-211 | · · · · · · · · · · · · · · · · · · · | ☐ Change | e |
| TITLE | | | 4. 2 NAME | | | | _ |
| NAME STREET ADDRESS | | | | TADDRESS | ÷ | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | ŀ | | | |
| TITLE | | | 5.1 TITLE | | 3 | ☐ Change | e : Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | ■ <i>E A</i> | | 5.4 CITY-5 | ST-ZIP | | | |
| TITLE | | | 6.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | • | | 6.3 STREE | TADDRESS | | | |

CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: