

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

FILED

Apr 21 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # V56056

(7)

1. Corporation Name

DESIGNS BY DODI, INC.

Principal Place of Business

4703 S.E. 17TH PLACE
#101
CAPE CORAL FL

Mailing Address

4703 S.E. 17TH PLACE
#101
CAPE CORAL FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1992

4. FEI Number

65-0352471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 601 S.W. 141ST AVE.

Suite, Apt. #, etc.

22 P-114

City & State

23 PEMBROKE PINES, FL

Zip

24 33027

Country

25 BROWARD

2a. Mailing Address

26 601 S.W. 141ST AVE

Suite, Apt. #, etc.

27 P-114

City & State

28 PEMBROKE PINES, FL

Zip

29 33027

Country

30 BROWARD

9. Name and Address of Current Registered Agent

FRANKEL, HAROLD L.
4703 SE 17TH PLACE
#101
CAPE CORAL FL 33904

81 Name

HAROLD L. FRANKEL

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

601 S.W. 141ST AVE.

83

P-114

84 City

PEMBROKE PINES FL

85 Zip Code

33027

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

Harold L. Frankel PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
FRANKEL, HAROLD L.
4703 S.E. 17TH PL #101
CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
FRANKEL, DODI
4703 S.E. 17TH PL #101
CAPE CORAL FL

TITLE ☐ 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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
SAME
601 S.W. 141ST AVE. P-114
PEMBROKE PINES, FL 33027

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
SAME
601 S.W. 141ST AVE. P-114
PEMBROKE PINES, FL 33027

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 any other 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.

SIGNATURE:

Doris N. Frankel DORIS N. FRANKEL V.PRES.

4/15/98

954/442-0421

CR2E034 (10/97)