

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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90021 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V56056

1. Corporation Name
DESIGNS BY DODI, INC.



Principal Place of Business 601 SW 141 AVE P-114 PEMBROKE PINES FL 33027 US	Mailing Address 602 SW 141 AVE P-114 PEMBROKE PINES FL 33027 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1992	
4. FEI Number 65-0352471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRANKEL, HAROLD L. 601 SW 141 AVE P-114 PEMBROKE PINES FL 33027		10. Name and Address of New Registered Agent 81 Name DODI FRANKEL 82 Street Address (P.O. Box Number is Not Acceptable) (SAME) 83 84 City FL 85 Zip Code	
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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 *Dodi (Doris) Frankel, Pres.* DATE **3-15-99**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE VICE PRES, SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANKEL, HAROLD L.		1.2 NAME	
STREET ADDRESS 601 SW 141 AVE, P-114		1.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33027		1.4 CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> DELETE	2.1 TITLE PRES., TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANKEL, DODI		2.2 NAME	
STREET ADDRESS 601 SW 141 AVE, P-114		2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33027		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Dodi Frankel (DODI FRANKEL)* DATE **3/15/99** FAYETTE PHONE # **954/442-0421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)