

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 591845 (3)

1. Corporation Name
DEVELOPMENT DESIGNS, INC.



Principal Place of Business: 604 CITRUS CT LARGO FL 34640
Mailing Address: 604 CITRUS CT LARGO FL 34640

3. Date Incorporated or Qualified: 11/01/1978
3a. Date of Last Report: 01/20/1995
4. FEI Number: 59-1867099
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
26-30: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, BARRY M.
604 CITRUS CT
LARGO FL 34640

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: *Barry M. Cohen*
Signature, typed or printed name of signing officer or director

Barry M. Cohen
INCORP. Registered Agent Signature, typed or printed name

3/3/96
Date

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	COHEN, BARRY M.	
STREET ADDRESS	604 CITRUS COURT	
CITY - ST - ZIP	LARGO FL	
TITLE	ST	DELETE
NAME	COHEN, JEWEL	
STREET ADDRESS	604 CITRUS COURT	
CITY - ST - ZIP	LARGO 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Barry M. Cohen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 3/3/96 8135851850
Date Date Diskette Price

CR2E034 (12/95)