

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

FILED

**Mar 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33770-2720
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1978	3a. Date of Last Report 03/07/1996
21. 1560 1560 Gulf Blvd	26. 1560 1560 Gulf Blvd	4. FEI Number 59-1867099		Applied For Not Applicable	
22. #1202	27. #1202	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Clearwater, FL	28. Clearwater, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 34630	25. Pinellas	29. 34630	30. Pinellas	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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, 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* **3/7/97**
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, BARRY M.	1.2 NAME	
STREET ADDRESS	604 CITRUS COURT-	1.3 STREET ADDRESS	1560 Gulf Blvd #1202
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JEWEL	2.2 NAME	
STREET ADDRESS	604 CITRUS COURT	2.3 STREET ADDRESS	1560 Gulf Blvd #1202
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Clearwater, FL 34630
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 do 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.

SIGNATURE *Barry M. Cohen* **3/7/97**

CR2E034 (9/96)