

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F82314** (8)
1. Corporation Name
DESIGN CIRCUS, INC.



Principal Place of Business: **C/O STEPHEN E. KOCSIS 1614 UNIVERSITY BLVD W. JACKSONVILLE FL 32217 US**
Mailing Address: **C/O STEPHEN E. KOCSIS 1260 TANGERINE DRIVE JACKSONVILLE FL 32259**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **05/20/1982** 3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-2190030** Applied For: Not Applicable
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
KOCSIS, STEPHEN E. 1260 TANGERINE DRIVE JACKSONVILLE FL 32259

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 607.0602 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **PD** DELETE
NAME: **KOCSIS, PATRICIA ANN**
STREET ADDRESS: **1260 TANGERINE DR JACKSONVILLE FL**
CITY - ST - ZIP: _____
TITLE: **VSD** DELETE
NAME: **KOCSIS, STEPHEN E.**
STREET ADDRESS: **1260 TANGERINE DR JACKSONVILLE FL**
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
1. TITLE: Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY - ST - ZIP: Change Addition
5. TITLE: _____
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY - ST - ZIP: Change Addition
9. TITLE: _____
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY - ST - ZIP: Change Addition
13. TITLE: _____
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY - ST - ZIP: Change Addition
17. TITLE: _____
18. NAME: _____
19. STREET ADDRESS: _____
20. CITY - ST - ZIP: Change Addition

14. I do hereby certify that the information included on this and a 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/28/96 909-731-7211

CR2E034 (12/95)