

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **F95000001892 (7)**

1. Corporation Name
RETAIL DESIGNS, INC.



Principal Place of Business
**PO BOX 952798
 LAKE MARY FL 32795-2798**

Mailing Address
**PO BOX 952798
 LAKE MARY FL 32795-2798**

3. Date Incorporated or Qualified
04/19/1995

3a. Date of Last Report

4. FEI Number
58-2075257

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. Suite, Apt. #, etc

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**ABRUZZINO, WILLIAM
 955 SR 434 NORTH, OAK GROVE SHOPPES
 ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81. Name
William Abruzzino

82. Street Address (P.O. Box Number is Not Acceptable)
995 State Route 434 North, Suite 204

83. **Oak Grove Shoppes**

84. City
Altamonte Springs

85. Zip Code
FL 32714

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 *William Abruzzino, Sr. Pres* DATE **6/6/96**

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	ABRUZZINO, WILLIAM	
STREET ADDRESS	4555 SOUTH ATLANTIC AVE., #4406	
CITY - ST - ZIP	PONCE INLET FL 32127	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ABRUZZINO, REBECCA	
STREET ADDRESS	4555 SOUTH ATLANTIC AVE., #4406	
CITY - ST - ZIP	PONCE INLET FL 32127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Abruzzino	
1.3 STREET ADDRESS	1050 Edmiston Place	
1.4 CITY - ST - ZIP	Longwood, FL 32779	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rebecca Abruzzino	
2.3 STREET ADDRESS	1050 Edmiston Place	
2.4 CITY - ST - ZIP	Longwood, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Abruzzino, Sr. Pres* DATE **6/6/96** (407)788-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (3/96)