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95 MAY -1 AM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # K75130 (0)

1. DESIGNING FACES, INC.

C/O KIMBERLY A. BUSSE ~~4014 FRUITVILLE RD.~~ SARASOTA FL 34232 US	C/O KIMBERLY A. BUSSE ~~4014 FRUITVILLE RD~~ SARASOTA FL 34232 US

3. 03/24/1989 — 3a. 06/07/1994

2. 21 4465 MCINTOSH PARK DR. — 2a. 26 4465 MCINTOSH PARK DR

22 # 906 — 27 # 906

23 — 28

24 — 25 — 29 — 30

4. FEI Number: 65-0117726 — 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. The corporation has elected to be governed by Chapter 607 Florida Statutes. Yes X / No

9. Name and Address of Current Registered Agent

BUSSE, KIMBERLY A.
~~4014 FRUITVILLE RD.~~
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number Not Acceptable): 4465 MCINTOSH PARK DR #906

83

84 City: FL — 85 Zip Code:

11. Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. Signature of Registered Agent: X [signature] — Date: 4-30-95

12. PD
BUSSE, KIMBERLY A.
~~4014 FRUITVILLE RD.~~
SARASOTA FL

13. Additional Officer/Director Name and Address — X Change / Add

4465 MCINTOSH PARK DR #906
34232

14. I hereby certify that the information supplied with this report is true and accurate and that my electronic 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 above or on an attachment with an address.

SIGNATURE: X Kimberly A Busse [signature] 4/30/95 813-378-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0338849 CP