

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90001 045 \*\*\*150.00

0477419

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K75130**

1. Corporation Name  
**DESIGNING FACES, INC.**



Principal Place of Business  
 1864 MID OCEAN CIRCLE  
 SARASOTA FL 34239  
 US

Mailing Address  
 1864 MID OCEAN CIRCLE  
 SARASOTA FL 34239  
 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**03/24/1989**

2. Principal Place of Business  
 21 **4401 MCINTOSH PARK DR.**

2a. Mailing Address  
 26 **4401 MCINTOSH PARK DR.**

4. FEI Number  
**65-0117726**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
 22 **108**

Suite, Apt. #, etc.  
 27 **108**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
 23 **SARASOTA, FL.**

City & State  
 28 **SARASOTA, FL.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
 24 **34232** 25 **USA**

Zip Country  
 29 **34232** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUSSE, KIMBERLY A.**  
**4465 MCINTOSH PARK DR**  
**SUITE 906**  
**SARASOTA FL 34232**

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, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PD**  
 STREET ADDRESS **BUSSE, KIMBERLY A.**  
 CITY-ST-ZIP **1864 MID OCEAN CIRCLE**  
**SARASOTA FL**

1.1 TITLE **PRESIDENT**  Change  Addition  
 1.2 NAME **KIMBERLY A. BUSSE**  
 1.3 STREET ADDRESS **4401 MCINTOSH PARK DR #108**  
 1.4 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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 to an address, with all other like empowered.

SIGNATURE: *Kimberly A. Busse* SIGNATURE REQUIRED **KIMBERLY A. BUSSE** 4/12/99 (941) 378-9978  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)