

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M93662** (8)

1. Corporation Name
919 DESIGN, INC.



Principal Place of Business

**% JOAN C. STEEL
2030 HARBORTOWN DR.
FT. PIERCE FL 34946**

Mailing Address

**% JOAN C. STEEL
2030 HARBORTOWN DR.
FT. PIERCE FL 34946**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**STEEL, JOAN C.
2030 HARBORTOWN DR
SUITE B
FT PIERCE FL 34946**

3. Date Incorporated or Qualified

08/08/1988

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0081451

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. 193.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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 607.0012 and 607.1509, 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 effected by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0012, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D DELETE
NAME **STEEL, JOAN C.**
STREET ADDRESS **2030 HARBORTOWN DR**
CITY-ST-ZIP **FT PIERCE FL**

DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME Change Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

2. TITLE

2. NAME

2.4 STREET ADDRESS

2.4 CITY, ST, ZIP

3. TITLE

3. NAME

3.1 STREET ADDRESS

3.1 CITY, ST, ZIP

4. TITLE

4. NAME

4.3 STREET ADDRESS

4.3 CITY, ST, ZIP

5. TITLE

5. NAME

5.3 STREET ADDRESS

5.3 CITY, ST, ZIP

6. TITLE

6. NAME

6.3 STREET ADDRESS

6.3 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 supplementary 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 holder of a position of trust or confidence to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes I or one of them with an address.

SIGNATURE: *Joan C. Steel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 APRIL, 96 407-4658207

CR2E034 (12/95)