


FILED
Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000049003
 1. Corporation Name
ERSKINE - SHEEHY ILLUSTRATIONS & DESIGNS, INC.



Principal Place of Business 6801 NW POWERLINE AVE. SUITE 104 FT. LAUDERDALE FL 33309	Mailing Address 6801 NW POWERLINE AVE. SUITE 104 FT. LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>610 S. MILITARY TRAIL</u>		2a. Mailing Address 26 <u>610 S. MILITARY TRAIL</u>		3. Date Incorporated or Qualified <u>06/27/1994</u>	4. FEI Number <u>65-0500002</u>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State <u>DEERFIELD BEACH, FL.</u>		28 City & State <u>DEERFIELD BEACH, FLORIDA</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
24 Zip <u>33442</u>	25 Country <u>BROWARD</u>	29 Zip <u>33442</u>	30 Country <u>BROWARD</u>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
ERSKINE, DONALD
 6801 NW POWERLINE RD.
 SUITE 104
 FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
 81 Name SHEEHY, ANDREW V
 82 Street Address (P.O. Box Number is Not Acceptable)
610 S. MILITARY TRAIL
 83
 84 City DEERFIELD BEACH FL 85 Zip Code 33442

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 M.S.C.S. DATE 3/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input checked="" type="checkbox"/> DELETE <u>ERSKINE, DONALD</u> <u>6801 NW POWERLINE AVE., SUITE 104</u> <u>FT. LAUDERDALE FL 33309</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> DELETE <u>SHEEHY, ANDREW V</u> <u>6801 NW POWERLINE AVE., SUITE 104</u> <u>FT. LAUDERDALE FL 33309</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>610 SOUTH MILITARY TRAIL</u> <u>DEERFIELD BEACH, FL. 33442</u>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE: M.S.C.S. ANDREW SHEEHY DATE 3/10/99 DAYTIME PHONE # 954-725-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)