

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

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000059410 (8)**

1. Corporation Name  
**DESIGNS BY SEAN, INC.**



Principal Place of Business  
**1300 STIRLING RD  
7A  
DANIA FL 33004  
US**

Mailing Address  
**1300 STIRLING RD  
7A  
DANIA FL 33004-3537  
US**

3. Date Incorporated or Qualified  
**08/11/1994**

3a. Date of Last Report  
**07/05/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
**65-0516661**

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**DEFREITAS, SEAN  
2000 STIRLING RD.  
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name  
**Defreitas, Sean**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1300 Stirling Road, #7A**

83

84 City  
**Dania**

85 Zip Code  
**FL 33004**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/14/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEFREITAS, SEAN</b>	
STREET ADDRESS	<b>2803 N OAKLAND FOREST DR 105</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>QUEEN, NADINE</b>	
STREET ADDRESS	<b>515 RIVERDALE DR</b>	
CITY - ST - ZIP	<b>MERIT ISLAND FL</b>	
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	<b>P/D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Defreitas, Sean</b>	
1.3 STREET ADDRESS	<b>657 NW 21st Street</b>	
1.4 CITY - ST - ZIP	<b>Wilton Manors, FL 33311</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Queen, Nadine</b>	
2.3 STREET ADDRESS	<b>7150 KAYLOR AVE</b>	
2.4 CITY - ST - ZIP	<b>COCO FL 32927</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Scott M. Nemeroff</b>	
3.3 STREET ADDRESS	<b>1255 28rd St, N.W</b>	
3.4 CITY - ST - ZIP	<b>Washington, D.C. 20037</b>	
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 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.

SIGNATURE: *[Signature]* DATE: **4/14/97** (954) 927-9232

CR2E034 (9/96)