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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S84880

(1)

## **DESIGNWORKS CORPORATION**

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| Mar 27 1997 8:00am |
| Secretary of State |



| Principal Pace                              | of Business                           | Mailing A  | Mailing Address |     |                 |              |                   | i indiilidi idi idii siildi ilitati lakit dabi dibii kitis sibii aran asek bidii tadi |             |  |                        |  |
|---|---------------------------------------|--|-----------------|-----|-----------------|--------------|-------------------|---|-------------|--|------------------------|--|
| 4080 SW 152ND AVE<br>MIRAMAR FL 33027<br>US |                                       | 4080 SW 152ND AVE<br>MIRAMAR FL 33027-3365<br>US |                 |     |                 |              |                   |   |             |  |                        |  |
| US  |                                       | 00   |                 |     |                 |              |                   | Date Incorporated or Qualified     10/03/1991   |             | e of Last F<br>2/1996                  | Report                 |  |
| 2. Principal F                              | lace of Business                      | 2a. Mailir                                       | ng Address      |     |                 |              |                   | 4. FEI Number   |             | A                                      | pplied For             |  |
| 1   |                                       | 26   |                 |     |                 |              |                   | 65-0287397  |             |  | ot Applicab            |  |
| Suite, Apt                                  | #, etc                                | <u>-</u>   | , Apt #, etc    |     |                 |              |                   | 5. Certificate of Status Desired  |             |  | Additional<br>legulred |  |
| City & Stab                                 |                                       | 27 City 8  | 3 State         |     |                 |              |                   | 6. Election Campaign Financing  |             |  | May Be                 |  |
| Ony & State                                 | c.                                    | 28   | . Chair         |     |                 |              |                   | Trust Fund Contribution   |             |  | to Fees                |  |
| Ί<br>Ζφ                                     | Country                               | Zip  |                 | Co  | ountry          | ,            |                   | 8. This corporation has liability for i   | ntangible t | ax under :                             | s. 199.032,            |  |
| 1   | 25                                    | 29   |                 | 30  |                 |              |                   | Florida Statutes  | Yes _       | No                                     |                        |  |
|   | 9. Name and Address of Curre          | nt Registered                                    | Agent           |     | Ι.,             | ,            |                   | 10. Name and Address of New Re  | pistered A  | gent                                   |                        |  |
| SMY   | CZYNSKI, LOIS                         |  |                 |     | 61              | N            | lame              |   |             |  |                        |  |
| 4080  | SW 152ND AVE                          |  |                 |     | 82              | s            | Street Addre      | ss (P.O. Box Number is Not Acceptab   | le)         |  |                        |  |
| MIRA  | AMAR FL 33027                         |  |                 |     |                 | _            |                   |   |             |  |                        |  |
|   |                                       |  |                 |     | 83              |              |                   |   |             |  |                        |  |
|   |                                       |  | •               |     | 84              | C            | City              |   | P* 1        | 85 Zip                                 | Code                   |  |
|   |                                       |  |                 |     | <u> </u>        | <u>L.</u> ,  |                   | ration submits this statement for the p   | <u>FL</u>   | ــــــــــــــــــــــــــــــــــــــ |                        |  |
| 12.   |                                       | ent and title if applic<br>ID DIRECTORS          | 3               | 13  |                 | ent \$       | agnature required | d when reinstating) ADDITIONS/CHANGES TO OFFICE                                       |             | DIRECTO<br>Change                      |                        |  |
| HE  | PS                                    |  | DELETE          | - 1 | TITLE           |              |                   |   |             | Change                                 | LI Audii               |  |
| I/ME  | SMYCZYNSKI, LOIS                      |  |                 | 1   | NAME            |              | - nroo            |   |             |  |                        |  |
| TRUET ADDRESS                               | 4080 SW 152ND AVE<br>MIRAMAR FL 33027 |  |                 |     | STREET          |              |                   |   |             |  |                        |  |
| of vi-ST- ZIP<br>FILE                       | VT                                    |  | DELETE          |     | CITY-S          | 31.5         | ,ir               |   |             | Change                                 | Addi                   |  |
| IAME  | SMYCZYNSKI, ROBERT                    |  |                 |     | NAME            |              |                   |   |             |  |                        |  |
| TREE! AUDRESS                               | 4080 SW 152ND AVE                     |  |                 | 2.3 | STREET          | T ADI        | DRESS             |   |             |  |                        |  |
| HY-ST ZIF                                   | MIRAMAR FL 33027                      |  |                 | 2.4 | CITY-           | ST - 2       | ZIP               |   |             |  |                        |  |
| I1LF  |                                       |  | DELETE          | 3.1 | TITLE           |              |                   |   |             | Change                                 | Addi                   |  |
| AM <del>t</del>                             |                                       |  |                 | 3.2 | NAME            |              |                   |   |             |  |                        |  |
| TREET ADDRESS                               |                                       |  |                 | 1   | STREET          |              |                   |   |             |  |                        |  |
| 11y - \$1 - 20                              |                                       |  | DELETE          |     | CITY-           | \$1-7        | ZIP               |   |             | Change                                 | Addi                   |  |
| :TLE  |                                       |  | L DETER         | 1   | TITLE<br>2 NAME |              |                   |   |             | Change                                 | A001                   |  |
| IAME  |                                       |  |                 |     | STREET          |              | nares             |   |             |  |                        |  |
| STREET ADDRESS<br>DITY-ST-761               |                                       |  |                 |     | CMY-S           |              |                   |   |             |  |                        |  |
| 1117-21-71-                                 |                                       |  | DELETE          |     | TITLE           |              | <del>"</del>      |   |             | Change                                 | Addi                   |  |
| IAMF  |                                       |  |                 | 5.2 | NAME            |              |                   |   |             |  |                        |  |
| STREET ADDRESS                              |                                       |  |                 | 5.3 | STREET          | T ADI        | DRESS             |   |             |  |                        |  |
| CHY S1-Z#                                   |                                       |  |                 | 5.4 | CITY-5          | <u>51-</u> 2 | ZIP               |   |             |  |                        |  |
| TILE  |                                       |  | DELETE          | 6.1 | TITLE           |              |                   |   |             | Change                                 | Add                    |  |
| SAMÉ  |                                       |  |                 | 6.2 | NAME            |              |                   |   |             |  |                        |  |
| STREET ADDRESS                              |                                       |  |                 | 6.3 | STREET          | T AD         | idress            |   |             |  |                        |  |
| CHY-ST-7IP                                  |                                       |  |                 |     | CITY-S          |              |                   | in Section 119 07/3Va) Florida Statute  | - 13 4      |  |                        |  |

reo nereby 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

95Y-431-6444 Daylime Phone #