FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 25 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001497 (6)

1. Corporation Name
DESIGNFEST, INC.

Principal Place of Business
1109 E. RIDGEWOOD ST
ORLANDO FL 32803

Mailing Address
1109 E. RIDGEWOOD ST.
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable

2. Principal Place of Business
21 1235 Mt. Vernon St
22 Suite, Apt. # etc.
23 City & State: Orlando FL
24 Zip: 32803 25 Country: Orange

2a. Mailing Address
26 1235 Mt. Vernon St
27 Suite, Apt. # etc.
28 City & State: Orlando FL
29 Zip: 32803 30 Country: Orange

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
A.G.C. CO.
200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO FL 32801

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 607.0502 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: Lorraine Hafenbrack-Collier 5/14/95
Signature (Spell or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[ ] Change [ ] Addition
NAME	YOUNG, JANICE	1.2 NAME	
STREET ADDRESS	2106 ST. JOHNS AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL 32204	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	[ ] Change [ ] Addition
NAME	FETTER, ANN	2.2 NAME	
STREET ADDRESS	2904 WAREHAM CT.	2.3 STREET ADDRESS	
CITY, ST, ZIP	CASSELBERRY FL 32707	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	[ ] Change [ ] Addition
NAME	PETERSEN, ELAINE	3.2 NAME	
STREET ADDRESS	200 E. ROBINSON ST., #300	3.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32801	3.4 CITY, ST, ZIP	
TITLE	DP	4.1 TITLE	[ ] Change [ ] Addition
NAME	PRICE, AMY	4.2 NAME	
STREET ADDRESS	200 E. ROBINSON ST., STE. 300	4.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32801	4.4 CITY, ST, ZIP	
TITLE	DV	5.1 TITLE	[ ] Change [ ] Addition
NAME	HAFENBRACK-COLLIER , LORRAINE	5.2 NAME	
STREET ADDRESS	9850 16TH ST. NORTH	5.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33716	5.4 CITY, ST, ZIP	
TITLE	DST	6.1 TITLE	[ ] Change [ ] Addition
NAME	THOMPSON, LISA	6.2 NAME	
STREET ADDRESS	124 92ND AVE., 2ND FLOOR	6.3 STREET ADDRESS	
CITY, ST, ZIP	TREASURE ISLAND FL 33706	6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Hafenbrack-Collier 5/14/95 800-678-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004120