

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001497 (6)
1. Corporation Name
DESIGNFEST, INC.



Principal Place of Business: **1235 MT. VERNON ST. ORLANDO FL 32803**
Mailing Address: **1235 MT. VERNON ST. ORLANDO FL 32803**

3. Date Incorporated or Qualified: **03/25/1994**
3a. Date of Last Report: **05/25/1995**
4. FEI Number: **APPLIED FOR 59-3235144**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, JANICE	
STREET ADDRESS	2106 ST. JOHNS AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FETTER, ANN	
STREET ADDRESS	2904 WAREHAM CT.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSEN, ELAINE	
STREET ADDRESS	200 E. ROBINSON ST., #300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRICE, AMY	
STREET ADDRESS	200 E. ROBINSON ST., STE. 300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HAFENBRACK-COLLIER, LORRAINE	
STREET ADDRESS	9850 16TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	THOMPSON, USA	
STREET ADDRESS	124 92ND AVE., 2ND FLOOR	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

13. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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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: Sona Strickland **Sona Strickland** 2/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 25 3131196

CR2E037 (12/95)