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**Mar 24 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32803-5417
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3. Date Incorporated or Qualified 03/25/1994	3a. Date of Last Report 07/31/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30
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4. FEI Number 59-3235144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE *Laura J. Galt* **FILED** **2/25/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0016256**

CR2E037 (9/96)