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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000002079 (9)
 1. Corporation Name
ARTISTIC DESIGN SOURCE, INC.



Principal Place of Business 700 NE 21 DR WILTON MANORS FL 33305	Mailing Address 700 NE 21 DR WILTON MANORS FL 33305-2224
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3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0459236	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 1501 VAN BUREN ST	2a. Mailing Address 1501 VAN BUREN ST
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State HOLLYWOOD, FL	28. City & State HOLLYWOOD, FL
24. Zip 33070	29. Zip 33070
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TUDZAROV, LOUISE E
345 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMSEY, JANE D	
STREET ADDRESS	700 NE 21 DR	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMSEY, JAMES G	
STREET ADDRESS	700 NE 21 DR	
CITY-ST-ZIP	WILTON MANORS FL 33305	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1501 VAN BUREN ST
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33070
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1501 VAN BUREN ST
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33070
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	

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: **Jane D. Ramsey** **Alison 951-921-9929**