FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90008 004 ***150.00

1. Corporation Na	ENT # S50073				
•	DESIGN ASSOCIATES, INC		•		
AVIA FILACÍ	DEOJGIT 7,0000,1120, 1110	•			1. 18899 11:1. 81811 9:811 B:811 81811 B:811 B:811 B:811
Principal Place of	Business	Mailing Address	•		
3302 BAY TO BAY	BLVD	3302 BAY TO BAY BLVD STE 101			
STE 101" TAMPA FL 33629	•	TAMPA FL 33629			VRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualit	red
			·	05/01/1991 4. FEI Number	Applied For
2. Principal Place	e of Business	2a. Mailing Address		59-3062887	Not Applicable
21 Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	5to:	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financi	
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the Personal Property Tax.	current year Intangible
24	25		30	10. Name and Address of Ne	
	9. Name and Address of Current F	tegistered Agent	81 N		
VAN LÌI	NG, DAVID C		82 S	et Address (P.O. Box Number is Not Acc	eptable)
3008 W	V. SAN JOSE	5.	62 3	at Address (1.0. Dox Humber to Hotelson	**************************************
i e	FL 33629	•	83		
			84 C	1.7 (1.1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
	g de la companya de		1 1 .		FL
11. Pursuant to	the provisions of Sections 607.0502 a istered agent, or both, in the State of	and 607 1508, Florida Statute Florida. Such change was au	s, the above-na thorized by the	ed corporation submits this statement for rporation's board of directors. I hereby a	ccept the appointment as registered
agent. I am t	stered agent, or both, in the State of familiar with, and accept the obligation	ins digisection doz.obbs; i lon	ida Statutes.	•	, <u> </u>
		1100			
SIGNATURE	mature, byted or printed name of registered agent a	nd title if applicable. (NOTE:		re required when reinstating)	DATE
SIGNATURE SIGNATURE	pnature, typed or printed name of registered agent a OFFICERS AND	nd title if applicable. (NOTE:		re required when reinstating)	OFFICERS AND DIRECTORS IN 12
12. Sig		nd title if applicable. (NOTE:	Registered Agent sig	re required when reinstating)	
12. TITLE F	OFFICERS AND PD /AN LING, DAVID C.	nd title if applicable. (NOTE: DIRECTORS	Registered Agent sig 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
12. TITLE F NAME V STREET ADDRESS 3	OFFICERS AND PD /AN LING, DAVID C. 3008 W. SAN JOSE	nd title if applicable. (NOTE: DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
12. TITLE F NAME STREET ADDRESS 3 CITY-ST-ZIP 1	OFFICERS AND PD /AN LING, DAVID C.	nd title if applicable (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-ZI	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
12. TITLE F NAME STREET ADDRESS 3 CITY-ST-ZIP 1 TITLE	OFFICERS AND PD /AN LING, DAVID C. 3008 W. SAN JOSE	nd title if applicable. (NOTE: DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZII 2.1 TITLE	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12 Change Addition
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14. I hereby certify that the information/subplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this argual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oak; that I am an officer or director of the color of 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 chapter if or an attachment with an address, with all other like empowered.

SIGNATURE

S GNDAUNDE CEMANTEN 6

PRAJIOANT

1-14-99

813-031-29

Daytime Phone #