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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 09 1998 8:00am Secretary of State

T .	MENT # 375961 ND DESIGN ASSOCIATES, IN	(O)					
Principal Place of Business Mailing Address						1815 B1011 B1011 B1510 B1919 1901	
301 N. PINE ISLAND RD. 301 N. PINE ISLAND RD. #148, P.O. BOX 17106 #148, P.O. BOX 17106 PLANTATION FL 33318 PLANTATION FL 33318).		DO NOT WRITE IN TH	IIS SPACE	
ļ					01/22/1971		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26		59-1440069	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & Stat		City & State		<u> </u>	Fee Required		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip		Country		8. This corporation owes or has paid the		
24	25 29 30		<u> </u>		Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
WIELAND, JAMES T. 81							
30	301 N PINE ISLAND DR.			Street Addr	ress (P.O. Box Number is Not Acceptable)		
#148							
PLANTATION FL 33318							
			84	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							
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE: Hegistered Ag	ent signature require	ad when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A		
TITLE	V	DELETE	1,1 TITLE		ABBITION OF PARTIES TO OFFICE TO	☐ Change ☐ Addition	
NAME	WIELAND, KRENT		1 2 NAME				
STREET ADORESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	W PALM BCH, FL 00000		1.4 CITY - S	ST-ZIP			
TITLE	P DELETE		2.1 TITLE			Change Addition	
NAME	WIELAND, JAMES T		2.2 NAME			ł	
STREET ADDRESS			2.3 STREET	ADDRESS	•		
CITY-ST-ZIP	PLANTATION, FL 00000		2. 4 CITY-	ST-ZIP			
TITLE	T		3,1 TITLE]		Change Addition	
NAME	WIELAND, ARLENE		3,2 NAME	İ			
STREET ADDRESS			3.3 STREET			}	
CITY - ST - ZIP	PLANTATION, FL 00000		3.4. CITY-5	ST- ZIP		Change Addition	
TITLE	ן הרוביב דין הרוביב		4.1 TITLE	1		Change L Addition	
NAME			4, 2 NAME	1000000			
STREET ADORESS			4.3 STREET	I .			
CITY-ST-ZIP TITLE			4.4 CITY - S 5.1 TITLE	1-417		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
City-ST-ZiP			5.4 CITY - S	1		}	
TITLE			6.1 TITLE			Change Addition	
NAME			6.2 NAME			1	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY - ST - ZIP			6.4 CITY-S				
14. Thereby c	ertity that the information supplied with	this filing does not qualify f	or the exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

14. I 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 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 of the receiveryer 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 atlantation and address.

SIGNATURE:

2/2/98

452-8817

-- Phono # 0000075