

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED

97 AUG 11 PM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

pg. 1

**DOCUMENT # 532789 (5)**

1. Corporation Name  
**DESIGNSTUDIO CREATIVE LIVING CONCEPTS, INC.**

Principal Place of Business Mailing Address  
**8095 43RD AVENUE P.O. BOX 3897  
VERO BEACH FL 32967 VERO BEACH FL 32964  
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/27/1977</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>59-1759956</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**JOHNS, ROBERT  
8095 43 AVENUE  
VERO BEACH FL 32967**

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: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNS, ROBERT L.</b>	
STREET ADDRESS	<b>8095 43RD AVENUE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
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 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	<b>500002267605--5</b>
2.4 CITY-ST-ZIP	<b>-08/14/97--01126--015</b>
	<b>***165.00 ***165.00</b>
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: **ROBERT L. JOHNS** **8-6-97** **561 231-6011**

CR2E034 (4/97)

**FROM**

ROBERT L. JOHNS, Founder, President  
Professional Member ASID, FISP, IDG, SAI

**designstudio** *RJ*  
creative living concepts, inc.

smtwfs 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 JFMAMJJASOND 1997/89

PHONE/SERVICE (561) 231 6011

POB 3897 VERO BEACH, FL 32964

The Department of State  
Annual Report Division

To whom it may concern:

The second Notice for the Annual Corporation Renewal was just received, however, the First Notification through the U.S. Mail was NOT received. Our addresses have not changed. The delay of this payment was the result, as explained to Melissa over the phone 8.6.97.

designstudio is requesting the professional courtesy of a waived late fee. Attached is our check # 1975 in the amount of \$165.00 for 1997.

Thank you for your assistance. *RJ*

By: Certified Mail Z 712 330 380