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

SIGNATURE

PROFIT FLORIDA DEPARTMENT OF STATE Sandra B. M. Thark CORRORATION ANNUAL REPORT Secretary of State FILED 1997 **DIVISION OF CORPORATIONS** 97 JUL -2 AM 8: 29 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA DESIGN CONCEPTS BY PEARSON, Principal Place of Business Mailing Address 2044 DIPLOMAT DRIVE SAME CLBARWATER, BD 34624 3a. Date of Last Report 3. Date Incorporated or Qualified 06/28/1978 4. FEI Number 1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1828438 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 ezrson ACTAN TO SEE STR. 82 DESIGN CONCEPTS BY PEARSON, INC. 83 2044 DIPLOMAT DRIVE CLEARWATER, FL 34624 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 oblightons of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE SIGNATURE Signature, typed or printed name of registered (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 100002233841--1 -07/09/97--01073--00S DELETÉ 1.1 TITLE TITLE PRESIDENT PEARSON, ROBERT C. NAME 1.2 NAME CLEARWAER, FL STACET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165.00 CITY - ST - ZIP 34624 1.4 CITY - ST - ZIP TITLE VICE PRESIDENT DELETE 2.1 TITLE Change Addition **RMAIN** 2.2 NAME PEARSON. MARGARET STREET ADDRESS 2044 DIPLOMAT DRIVE 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP CLEARWATER, FL 34624 Till F DELETE 3.1 1/11/6 Change Addition NAME ... 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 copporation or the recover or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in chapted, or on an attackment with an address.

3/24/97 Daytimo Phone