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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

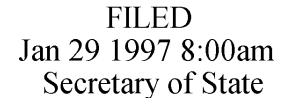
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(9)

3 D DESIGN CO.

Principal Place of Business Ms

Mailing Address





POST OFFICE TAMARAC FL		POST OFFICE BOX 25381 TAMARAC FL 33320-5381								
						3. Date Incorporated or Qualified 09/21/1978	3a. Date of Last Report 04/04/1996			
2. Principal Po	ace of Business	2a. Mailing Address 26	<u>├</u>			4. FEI Number 59-1847566	d	Α	pplied For of Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	28		···	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	9 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of C	Current Registered Agent	04 T 41		10. Name and Address of New Registered Agent					
	E, JOHN			81 Nar	ne				ĺ	
SUITE #508, GALLERIA PROFESSIONAL BLDG. 915 MIDDLE RIVER DRIVE					et Address (P.O. Box Number is Not Acceptable)					
FOR	it lauderdale, fl. kg 3:	3304	83							
				84 City			FL		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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE.										
12.		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND D	IRECTO	RS IN 12	
THLE	D	DELETE	11111	LE				Change	Addition	
NAME	AGEE, JOHN	_	1.2 NA	ME						
STREET ADDRESS	915 MIDDLE RIVER DRIVI	E	1 3 STREET ADDRESS		ss					
CITY-ST-ZIP	FT. LAUDERDALE FL		1401	Y - ST - ZIP						
TITLE	PTS	☐ DELETE	21111		- 1			Change	Addition	
NAME	STAUDNER, RUPERT A.		2 2 NA		و. رب	780 122 " STREET MARATHUN SHORES, F1. 33052				
STREET ADDRESS	364 NW 69TH TERRACE		2 3 ST	STREET ADDRESS		0 122 3/1661				
CITY-ST-ZIP	MARGATE FL	Trans.		TY-S1-7IP	M	ORATHUR SHORES, FI	<u>ز ک</u> ر ک	052	<u></u>	
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STREET ADDRESS			1	REET ADDRES	ss					
CITY-ST-ZIP				Y-ST-ZIP	-					
TITLE		DELETE	6.1 TIT					Change	Addition	
NAME			6.2 NA	ME			_	•		
STREET ADDRESS			6.3 ST	REF1 ADDRES	ss					
CITY-ST-ZIP				Y · ST · ZIP						
14. I do hereb	by certify that the information su	upplied with this filing does not qualit			n stated	in Section 119.07(3)(i), Florida Statutes	. I further g	ertify that	the	

I on hereby certify that the information supplied with this filing does not quality 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 eath; that I am an officer or director of the corporation or the receiver or 0 steep the 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 attach here with an address.

SIGNATURE 2/1000 1 1 Storedon

1/18/57 /354)979-015