


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

FILED

Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F40651 (4)  
1. Corporation Name  
CONTEMPORARY DESIGNS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business 235 N. COLLIER BLVD. P O BOX 641 MARCO ISLAND FL 33969-0641	Mailing Address 235 N. COLLIER BLVD. P O BOX 641 MARCO ISLAND FL 33969-0641
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 235 N. COLLIER BLVD. Suite, Apt. #, etc. 22 P.O. BOX 641 City & State 23 MARCO ISLAND, FL Zip 24 34146-0641		2a. Mailing Address 25 235 N. COLLIER BLVD Suite, Apt. #, etc. 27 P.O. BOX 641 City & State 28 MARCO ISLAND, FL Zip 29 34146-0641		3. Date Incorporated or Qualified 08/17/1981	
		4. FEI Number 59-2124328		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent WILLIAM G. MORRIS 247 N. COLLIER BLVD., SUITE 202 P.O. BOX 288 MARCO ISLAND FL 33937				10. Name and Address of New Registered Agent 81 Name WILLIAM G. MORRIS 82 Street Address (P.O. Box Number is Not Acceptable) 247 N. COLLIER BLVD., SUITE 202 83 P.O. BOX 288 84 City MARCO ISLAND FL 85 Zip Code 34145	

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MEYER, NATALIE P ROYAL MARCO PT VILLA #1 MARCO ISLAND FL 33937 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	SD MEYER, NATALIE P. ROYAL MARCO POINT VILLA #1 MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MEYER, JEROME F ROYAL MARCO PT VILLA #1 MARCO ISLAND FL 33937 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	PTD MEYER, JEROME F ROYAL MARCO PT. VILLA #1 MARCO ISLAND FL. 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LANSOWN, ROY 1370 AUBURNDALE AVE MARCO ISLAND FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP LANSOWN, ROY 1370 AUBURNDALE AVE. MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 

1/13/98 (941) 394-6605

CR2E034 (10/97)