
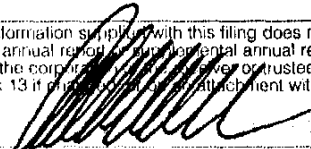


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F78143 (7)					
1. Corporation Name THOMAS ROBINSON DESIGN, INC.					
Principal Place of Business 721 DUVAL STREET KEY WEST FL 33040			Mailing Address 721 DUVAL STREET KEY WEST FL 33040-7403		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1982	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 04/23/1996	
22. City & State		27. City & State		4. FEI Number 59-2183484	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ROBINSON, ALLESSANDRA 721 DUVAL STREET KEY WEST FL 33040				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11. TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. NAME					
13. STREET ADDRESS					
14. CITY - ST - ZIP					
21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
22. NAME					
23. STREET ADDRESS					
24. CITY - ST - ZIP					
31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
32. NAME					
33. STREET ADDRESS					
34. CITY - ST - ZIP					
41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
42. NAME					
43. STREET ADDRESS					
44. CITY - ST - ZIP					
51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
52. NAME					
53. STREET ADDRESS					
54. CITY - ST - ZIP					
61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
62. NAME					
63. STREET ADDRESS					
64. 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 a duly authorized officer 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 it is not a new officer or director with an address.					
SIGNATURE:  VP 4-10-1997					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E034 (9/96)