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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0521031

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90135 032 ***150.00

DOCUMENT # F95000001892

1. Corporation Name

RETAIL DESIGNS, INC.

Principal Place of Business

PO BOX 952798
LAKE MARY FL 32795-2798

Mailing Address

PO BOX 952798
LAKE MARY FL 32795-2798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 995 STATE ROAD 434, NORTH
Suite, Apt. #, etc.
22 SUITE 204
City & State
23 ALTAMONTE SPRINGS, FL
Zip Country
24 32714 25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ABRUZZINO, WILLIAM
995 STATE ROUTE 434 NORTH, SUITE 204
OAK GROVE SHOPPES
ALTAMONTE SPRINGS FL 32714

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

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	CP	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRUZZINO, WILLIAM		1.2 NAME
STREET ADDRESS	1050 EDMISTON PLACE		1.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP
			ZIP CODE - 32779
TITLE	DST	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRUZZINO, REBECCA		2.2 NAME
STREET ADDRESS	1050 EDMISTON PLACE		2.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP
			ZIP CODE - 32779
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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, with all other like empowered.

RETAIL DESIGNS, INC.

SIGNATURE:  WILLIAM ABRUZZINO, C.E.O.

01/05/99

(407) 788-9111

Date

Daytime Phone #

CR2E034 (11/98)