

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002588 (0)

1. Corporation Name
THE DESIGNORY, INC.



Principal Place of Business 211 E. OCEAN BLVD. STE 100 LONG BEACH CA 90802-4809 US	Mailing Address 211 E OCEAN BLVD STE 100 LONG BEACH CA 90802-4850 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 05/26/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 95-2795651	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent HKES&F REGISTERED AGENT CORP. 2601 S. BAYSHORE DR. SUITE 600 MIAMI FL 33133	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

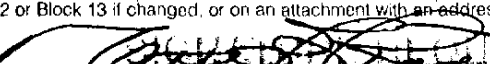
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	ALMQUIST, DAVID
STREET ADDRESS	PO BOX 58
CITY-ST-ZIP	HAILEY ID
TITLE	VD ☐ DELETE
NAME	FULLER, JOEL
STREET ADDRESS	2205 S.W. 28TH ST.
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	SD ☐ DELETE
NAME	FERGUSON, CHRISTINE
STREET ADDRESS	203 38TH ST.
CITY-ST-ZIP	MANHATTAN BEACH CA 90266
TITLE	TD ☐ DELETE
NAME	RADIGAN, MATTHEW
STREET ADDRESS	334 MIRALESTE DR., #243
CITY-ST-ZIP	SAN PEDRO CA 90732
TITLE	VD ☐ DELETE
NAME	HORMAN, STEVE
STREET ADDRESS	498 PALOS VERDES BLVD
CITY-ST-ZIP	REDONDO BCH CA
TITLE	V ☐ DELETE
NAME	TANCHUM, LANNON
STREET ADDRESS	5231 MONERO DR
CITY-ST-ZIP	RANCHO PALOS VERDES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHIEF EXECUTIVE OFFICER/D ☒ Change ☐ Addition
1.2 NAME	ALMQUIST, DAVID
1.3 STREET ADDRESS	PO BOX 58 120 MALLARD LANE
1.4 CITY-ST-ZIP	HAILEY, ID 83833
2.1 TITLE	V/D ☒ Change ☐ Addition
2.2 NAME	FULLER, JOEL
2.3 STREET ADDRESS	3620 SOLANA RD
2.4 CITY-ST-ZIP	MIAMI, FL 33133
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	YOUNG, TRACY
3.3 STREET ADDRESS	1450 MORNINGSIDE DR
3.4 CITY-ST-ZIP	LAGUNA BEACH, CA 92651
4.1 TITLE	T/D ☒ Change ☐ Addition
4.2 NAME	RADIGAN, MATTHEW
4.3 STREET ADDRESS	229 SAINT JOSEPH AVE
4.4 CITY-ST-ZIP	LONG BEACH, CA 90803
5.1 TITLE	P/D ☒ Change ☐ Addition
5.2 NAME	HORMAN, STEVE
5.3 STREET ADDRESS	4020 VIA OPATA
5.4 CITY-ST-ZIP	PALOS VERDES, CA 90274
6.1 TITLE	V/D ☒ Change ☐ Addition
6.2 NAME	TANCHUM, LANNON
6.3 STREET ADDRESS	5231 MONERO DR
6.4 CITY-ST-ZIP	RANCHO PALOS VERDES, CA

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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  **MATTHEW B. RADIGAN** 4/15/97 432-5107 (562)

CR2E034 (9/96)