_	PROFIT	AFTER MAY 1	10 \$220.00		
	RPORATION UAL REPORT 1996	Sandr Secre	PARTMENT OF STATE of B. Mortham etary of State OF CORPORATIONS		
DOCUMENT # G28578 (4)					
	ida designer sales, inc	C			
	e of Business RD STREET FL 34748	Mailing Address P.O. BOX 491635 LEESBURG FL 34749 US	·1635		van eksku endin ändin 91.014 SPEN BIEN 1906
				3. Date Incorporated or Qualified 03/16/1983	3a. Date of Last Report 04/07/1995
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2323143	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip <b>29</b>	Country 30	This corporation has liability for in:     Florida Statutes	tangible tax under s 199.032,
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
LEESB	URG FL 34748		83		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statul	84 City	oration submits this statement for the purpx	FL 85 Zip Code
familiar w	ith, and accept the obligations of, Sec	tion 607.0505, Florida Statute:	tes, the above-named corporation's boats.	oration submits this statement for the purps and of directors. I hereby accept the appoin	_ PL
familiar w SIGNATURE	ith, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN	tion 607.0505, Florida Statute:	tes, the above-named corpo	and or directors. Thereby accept the appoint	ose of changing its registered officintment as registered agent. I am
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To difference certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 3 if changed, or on an attachment with an address.

\*\*ROBERT R. CYRUS 4/15 96 352/787-6660\*\*

\*\*BIGNATURE:\*\*

| ROBERT R. CYRUS 4/15 96 | Date | Date Phone #\*\*
| Poster Phone #\*\*