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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G51579

(2)

ASSOCIATED STORE DESIGN, INC. Principal Place of Business Mailing Address 12978 89TH AVENUE N. 12978 89TH AVENUE N. SEMINOLE FL 33776-2703 US US					
				3. Date Incorporated or Qualified 07/27/1983	3a. Date of Last Report 02/05/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#, els	Suite, Apt. #, etc.	***************************************	59-23 13 107 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24 33	3776 25	29	30	Florida Statutes	ZYes No
	Name and Address of Cur IRIAN, DONALD G	rent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	AINOLE FL MANAS It to the provisions of Sections 602 registered agent, or both, in the St ann familiar with, and accept the of	0502 and 607.1508, Florida Stati ate of Florida. Such change was digations of, Section 607.0505, F	84 City Utes, the above-named conductive authorized by the corpolarida Statutes.	orporation submits this statement for the pration's board of directors. I hereby accel	FL 85 Zip Code 2072 purpose of changing its registered pt the appointment as registered
SIGNATURE	Signal acitypholor pended name of registered		TE: Registered Agent signature re		DATE
12.	OFFICERS PT	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
HILE NAME	LEHRIAN, DONALD G	(beetie	1.1 TITLE 1.2 NAME		L.J Change L.J Rousio
STREET ADORESS	40076 00711 A147 A1		1.3 STREET ADDRESS		
CITY - ST - ZIF	SEMINOLE, FL 49590		1.4 CITY - ST - ZIP		33776
T.TLF	VS	DELETE	21 TITLE		Change Addition
NAME	LEHRIAN, LINDA J		2.2 NAME		
STREET ADDRESS	12978 89TH AVE N SEMINOLE, FL-48866-		2.3 STREET ADDRESS		33776
COTY - ST - ZIP THT (OLMINOLL, IL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	; (3.3 STREET ADDRESS		
CITY ST ZIF			3.4. CITY - ST - ZIP	MALE	
T TLE		DELETE	4.1 TITLE		Change Additio
NAME			4. 2 NAME		
STREET ADDRESS) }		4.3 STREET ADDRESS		
COY-SE ZIP TOLLE		DELETE	4.4 CITY-ST-7IP 5.1 TITLE		Change Additio
NGMÉ		The second	5.2 NAME		Brought
STREET ADORESS			5.3 STREET ADDRESS		
CHTY-51-20*	j		5.4 CITY - ST - ZIP		
TILLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Crty - \$1 - ZIP			6.4 CITY-ST-ZIP		

14. Ido 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:

SNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR