


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

FILED  
May 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G62154** (1)  
1. Corporation Name  
**THE WHITNEY DESIGN GROUP INCORPORATED**

Principal Place of Business <b>1000 WEST AVE STE 319 MIAMI BCH. FL 33139</b>	Mailing Address <b>1000 WEST AVE STE 319 MIAMI BCH. FL 33139-4702</b>
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3. Date Incorporated or Qualified <b>09/01/1983</b>	3a. Date of Last Report <b>04/22/1996</b>
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2. Principal Place of Business <b>1000 West Ave</b> 21 Suite, Apt. #, etc. <b>319</b> 22 City & State <b>MIAMI BCH, FL</b> 23 Zip <b>33139</b> 24 Country <b>USA</b>	2a. Mailing Address <b>1000 West Ave</b> 25 Suite, Apt. #, etc. <b>319</b> 26 City & State <b>MIAMI BCH, FL</b> 27 Zip <b>33139</b> 28 Country <b>USA</b>
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4. FEI Number <b>59-2320006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BEAVERS, JAMES C. 1000 WEST AVE STE 319 MIAMI BCH. FL 33139</b>	10. Name and Address of New Registered Agent 81 Name <b>Same James C Beavers</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1000 West Ave</b> 83 <b>STE 319</b> 84 City <b>MIAMI BCH</b> FL 85 Zip <b>33139</b>
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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 **JAMES E. BEAVERS, Pres** DATE **5/10/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAVERS, JAMES C.</b>	1.2 NAME	
STREET ADDRESS	<b>1000 WEST AVE., STE 319</b>	1.3 STREET ADDRESS	<b>1000 WEST AVE STE 319</b>
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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 it had been made by me. 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. This information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES C. BEAVERS, Pres** DATE **5/10/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)