

FILE NOW: FILING FEE AFTER MAY 1 IS \$100

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. B. [unclear] Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H01551

(1)

1. Corporation Name
KIRSTEN DESIGNS, INC.



Principal Place of Business 535 TAMIAM TR. N. SUITE 801 NAPLES FL 33963 US	Mailing Address 5535 TAMIAM TR. N. SUITE 801 NAPLES FL 34108-2863 US
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2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/01/1984	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2405220	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILSON, GEORGE A. % CUMMINGS & LOCKWOOD 3001 TAMIAM TRAIL NORTH NAPLES FL 33940
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10. Name and Address of New Registered Agent 81 Name WILSON, GEORGE A 82 Street Address (P.O. Box Number is Not Acceptable) 90 CHEFFY, YASSIDOMO, WILSON & JOHNSON 83 821 FIFTH AVE. SO. SUITE 201 84 City NAPLES 85 Zip Code FL 34102

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 SAME ATTORNEY (AGENT) DIFFERENT ADDRESS DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS JAMES, JOHN 705 BOB WHITE LANE NAPLES FL
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JAMES, KIRSTEN 705 BOB WHITE LANE NAPLES FL
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: John E. [unclear] Vice President 4/17/97 598-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)