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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H22808

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Suite. Apil #, etc. Suite. Apil #, etc.	1. Corporation Name DESIGN HOLDING COMPANY, INC. Principal Place of Business 11622 GROVEWOOD AVE. THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 THONOTOSASSA FL 335920340										
Suite, Apr. #, etc. Suite, Apr. #, etc.							3.				Report
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20 20 30 30 30 30 30 30	Suite, Ap	ot.#, etc.		etc.			5.	Certificate of Status Desired		,	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent HINES, JAMES P. 315 HYDE PARK AVE 1AMPA FL 33806 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Numbor is Not Acceptable) 13. Pursuant to the provisions of Sactions 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes and the Agent Lam Humiliar with and accept the obligations of Section 607 0505, Provided Statutes 13. Pursuant to the provisions of Sactions 607 0502 and 607.1508, Florida Statutes, the above-named corporation's board of divectors. I hereby accept the appointment as registered agent, and humiliar with and accept the obligations of Section 607 0505, Provided Statutes 14. Pursuant Interest and the Agent Interest Inter	City & St.	ate					6.	, -			
9. Name and Address of Current Registered Agent HINES, JAMES P. 315 HYDE PARK AVE 1AMPA FL 33808 82 Street Address (P.O. Box Numbor is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 86 Zip Code 87 City FL 88 Zip Code 88 City FL 88 Zip Code 89 City FL 89 Zip Code 89 City FL 80 Zip Code 80 City FL 80 Zip Cod		Country	Zip	 	untry		8.				. 199.032,
HINES, JAMES P. 315 HYDE PARK AVE 1AMPA FL 338008 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its register of gent or their braining with an and eccept the obligations of Sections 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its register agent. or both an analysis of the corporation's board of directors. I thereby accept the appointment as register agent and the displacation of Section 607 0502 in the corporation's board of directors. I thereby accept the appointment as register agent systems (pred of purpose of changing its register displace). SIGNATURE 12. OFTICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AMME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AMME 16. SECKMAN, THOMAS H. 16. S	4			[30]			لــ				
TINCE O, MANUAL SP. 315 HYDE PARK AVE 1AMPA FL 33608 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code			ent Hegistered Agent	,,	81	Name	10.	Name and Address of New Ke	gistered	Agent	
TAMPA FL 33606 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 register agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AMME 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AMME 15. SECKMAN, THOMAS H. 16. SECKMAN, THOMAS H. 16. SECKMAN, THOMAS H. 16. SECKMAN, THOMAS H. 16. SECKMAN, MARTHA J. 16. SECKMAN, MARTHA											
B3 B4 City					82	Street Addre	ess (P	O. Box Number is Not Acceptate	ole)		
IT. 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 register of life or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent and familiar with, and accept the obligations of Section 607 0505. Florida Statutes. SIGNATURE SIGNATURE Signature: hyred or present orang levers agent and their displacable (NOTE Registered Agent signature required when reheating) DATE 12. OFFICERS AND DIRECTORS IT. THE SECKMAN, THOMAS H. 11622 GROVEWOOD AVE. 11 STREET ADDRESS THONOTOSASSA FI. 33592 14 OTY-SI-ZIP ST DELETE 21 TITLE SECKMAN, MARTHA J. 11622 GROVEWOOD AVE. 12 NAME 11622 GROVEWOOD AVE. 12 STREET ADDRESS THONOTOSASSA FI. 33592 12 CITY-SI-ZIP DELETE 31 TITLE Change Advance (Change	17	WITA FL 33000			83			<u> </u>			
IT. Fursiant 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 registroid 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 register agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, systed or printed name of registered agent and tire if applicable (NOTE Registered Agent signature required when reinstance) DATE 12. OFFICERS AND DIRECTORS IT. SECKMAN, THOMAS H. 11622 GROVEWOOD AVE. THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 DELETE 2.1 TITLE 1.1 SECKMAN, MARTHA J. 1.2 SECKMAN, MARTHA J. 1.2 SECKMAN, MARTHA J. 1.1 SECKMAN, MARTHA J. 1.2 SAME 1.3 SIRET ADDRESS 1.1 SECKMAN, MARTHA J. 1.2 SAME 1.3 SIRET ADDRESS 1.1 SECKMAN, MARTHA J. 1.3 SIRET ADDRESS 1.1 SECKMAN, MARTHA J. 1.4 CITY SET 2P 1.5 SECKMAN, MARTHA J. 1.5 SEC											
HT. Fursiant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register degener, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent and secret the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIG					84	City			EI	85 Zip	Code
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14. I do hereby certify that the information supplied with this filling does not qualify for the information indicated on this annual report or supplemental annual report is true and. I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

STREET ADDRESS CrTY-SI-ZIP

T ADDRESS

ST-ZIP

imption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the urate and that my signature shall have the same legal effect as if made under oath; that ute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 14 1997 8:00am

Secretary of State