FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 06

DOCUMENT # **H79201** **(0)**

1. Corporation Name

THE DESIGN EDGE, INC.

Principal Place of Business	Mailing Address
% IRENE B. WARD 1573 ARCADIA DR. JACKSONVILLE FL 32207	% IRENE B. WARD 1573 ARCADIA DR. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/03/1985	05/01/1994

4. FEI Number: 59-2580097 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under [illegible] Florida Statutes. [ ] Yes [ ] No

	2. Principal Place of Business		2a. Mailing Address
21	2110 HERSCHEL ST.	26	PO. BOX 10264
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: JAX. FLA	28	City & State: JACKSONVILLE, FLA.
24	Zip: 32204	29	Zip: 322[illegible] 0264
25	Country: USA	30	Country: USA

9. **Name and Address of Current Registered Agent**

WARD, IRENE B.
1573 ARCADIA DR.
JACKSONVILLE FL 32207

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 [illegible]

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	P	TITLE	[ ] Change [ ] Addition
NAME	WARD, IRENE B.	NAME	
STREET ADDRESS	1573 ARCADIA DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	STP	TITLE	[ ] Change [ ] Addition
NAME	WARD, IRENE	NAME	
STREET ADDRESS	1573 ARCADIA DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption [illegible] 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: [signature] IRENE B. WARD 2-20-95 904+381-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0015509 CP