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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H88100

(3)

M. CLINE DESIGNS, INC.

FILED Mar 21 1997 8:00am Secretary of State



2.	9375 HIGHWAY THE MARKET I DESTIN FL 325 US	at sandestin	Mailing Address 9375 Highway 98 W. The Market at Sand Destin FL 32541 US	ESTIN		Date Incorporated or Qualified 11/26/1985	3s. Date 03/20	of Last F	
Supply April Ref Supply	2. Principal F	lace of Business	2a. Mailing Address				00/20		polied For
State Applied Care State Care State	·							<u> </u>	
Second S	Suite, Apt	#. etc.	Suite Apt. #, etc.					\$8.75	Additional
22		е				6. Flection Campaign Financing		\$5.00	May Bo
24	23		28			, ,			
S. Name and Address of Current Registered Agent	Zφ	Country	Zip	Countr	У				. 199.032,
CLINE, MARGARET 63 DOLPHIN STREET DESTIN FL 32541	24	25	29	30					
CLINE, MARGARET 83 DUPLIN STREET DESTIN FL 32541 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 Cny FL 85 Zp Code 84 Cny FL 85 Zp Code 85 Zp Code 86 Cny FL 85 Zp Code 86 Cny 87 Cny 87 Cn Explored accept the delightenors. Section of Section Statutes, the above named corporation submits this statement for the purpose of changing its register of the corporation submits this statement for the purpose of changing its register of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of changing its register of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpose of changing its register of the purpose of the purpos		9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
DESTIN FL 32541 Ba3 B4 City FL B5 Zip Code	CLIM	NE, MARGARET		8.	Name				
11. Pursaint to 11 or provisions of Sections (07 0002 and 802 1508, Florida Statutes to 12 or provisions of Sections (07 0002 and 802 1508, Florida Statutes to 15 or provisions of Sections (07 0002 and 802 1508, Florida Statutes statument for the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment as registere signer transfer and accept the deligations of, Section (07 0000, Florida Statutes) SIGNATURE	63 [OOLPHIN STREET		8:	2 Street Adr	dress (P.O. Box Number is Not Acceptab	le)		
B4 City FL B5 Zip Code	DES	TIN FL 32541							
THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF				83	3				
THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF				8	4 City			85 Zip	Code
office or registerical 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 registeric agent and accept the chiliquitions of, Sociation 607,0505, Florida Statutes. SIGNATURE 12. OF TICLES AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CLINE, MARGARET 12 NAME SIGNATURES CITY STORY DESTIN FL 14 CITY STORY DESTIN FL 14 CITY STORY DESTIN FL 15 STORY DESTIN FL 16 Change Addition Addit					' "",		FL	00	5000
CLÍNE, MARGARET 12 NAME 13 STREET ADDRESS 15 STREET ADDRES	12.	OFFICERS A	ND DIRECTORS	13.			ERS AND D		RS IN 12
DESTIN FL	NAVE	CLINE, MARGARET	2	1.2 NAME	÷				
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THE	STREET ALORESS			3.3 STRE	ET ADDRESS				
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THE	STREET ADDRESS			5.3 STRE	FT ADDRESS				
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	NAME:			6.2 NAME	:				
C1TY - \$1 - ZIP 6.4 CITY - \$1 - ZIP	STREET ADDRESS	1							
				6.3 \$1RE	ET ADDRESS				

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual 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 pirector 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

KULA CUNE ALO OF PHINTED NAME OF SIGNING OFFICE OF DIRECTOR

3/10/97 (904) 897-5288