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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J50874

(3)

FINANCIAL DESIGN GROUP, INC.

Principal Plac		Mailing Address % THOMAS B. KELLEY					
% THOMAS B. KELLEY 713 N.E. 3 AVE FT. LAUDERDALE FL 33304		713 N.E. 3 AVE					
						Date of Last Re 05/01/1996	eport
Principal Place of Business 21		2a. Mailing Addross 26		4. FEI Number 65-0000276	Applied For Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & State		City & State			Fee Required 6. Election Campaign Financing \$5.00 May Be		
23 Zip	Country	28	Country	·	Trust Fund Contribution	Added to	o Fees
24]	25	F-1 - F	30		8. This corporation has liability for inting Florida Statutes		199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe		
	LEY, THOMAS B.		81	Name			
	N.E. 3 AVE LAUDERDALE FL 33304		82	Street /	Address (P.O. Box Number is Not Acceptable)	~	
, ,,			83				 ,
			84	City		FL 85 Zip C	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 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, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typod or printed name of registered a		<u> </u>		required when reinslating) DA	TL.	
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 12
TITLE	D	DELETE	1.1 1111.E			Change	☐ Addition
NAME	KELLEY, THOMAS B.	•	1.2 NAME				
STREET ADDRESS	713 NE 3 AVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	T britis	1.4 City - St - ZiP				
TITLE NAME		DELETE	2.1 1111.6	1		L Change	Addition
STREET ADDRESS			2.2 NAME	4000000			
CITY-ST-ZIP			2.3 STREET				
TITLE	☐ DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - 9	67 - ZIP			
TITLE	☐ DELETE 4		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			1
CITY-ST-ZIP		TT SCIETE	4.4 CHTY-S	1-71P	MATTER A STATE OF THE STATE OF		
TITLE		DELETE	5.1 1171.6			Change	Addition
NAME STREET ADDRESS			5.2 NAME	******			
CITY-ST-ZIP			5.3 STREET 5.4 CHY-S				
TITLE	The state of the s	DELETE	6.1 TITLE	1 - 511,		☐ Change	Addition
NAME		 · ·	6.2 NAME			and an institution	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CHY-S	1-716			
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 supplies ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reliever 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 or at attachment with an address							