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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # J86843 (6)
1. Corporation Name
DESIGNER INSTALLATIONS UNLIMITED, INC.



Principal Place of Business Mailing Address
**% THERESA DITOMMASSO
2153 SCRANTON AVE
ORLANDO FL 32826** **% THERESA DITOMMASSO
2153 SCRANTON AVE
ORLANDO FL 32826-3825**

3. Date Incorporated or Qualified **09/08/1987** 3a. Date of Last Report **02/08/1996**
4. FEI Number **59-2828327** 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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**DRAKE, THERESA
2153 SCRANTON AVE
ORLANDO FL 32826**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITOMMASSO, THERESA F.	1.2 NAME	
STREET ADDRESS	2153 SCRANTON AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, JAMES T., JR.	2.2 NAME	
STREET ADDRESS	2153 SCRANTON AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 checked, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/96)