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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K16284 (7)
1. Corporation Name
DESIGN ASSOCIATES INTERIORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % CHARLENE CASALINO 956 20TH ST. VERO BEACH FL 32960		Mailing Address % CHARLENE CASALINO 956 20TH ST. VERO BEACH FL 32960	
2. Principal Place of Business 21 1971 14th AVE. Suite, Apt. #, etc. 22 VERO BEACH City & State 23 FL. Zip 24 32960 Country 25 USA		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent CASALINO, CHARLENE 956 20TH ST VERO BEACH FL 32960		10. Name and Address of New Registered Agent 81 Name CASALINO, CHARLENE 82 Street Address (P.O. Box Number is Not Acceptable) 1971 14th AVE 83 VERO BEACH 84 City 85 Zip Code FL 32960	

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 Charlene Casalino Pres. 2-18-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	CASALINO, CHARLENE	1.2 NAME	
STREET ADDRESS	956 20TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	CASALINO, LOUIS	2.2 NAME	
STREET ADDRESS	204 SPINNAKER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE Charlene M. Casalino 2-18-98 561-567-8444

CR2E034 (10/97)