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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED Feb 03 1998 8:00am Secretary of State

DESIGNS BY DORION, INC.							l				
Principal Plac	ce of Busines	s	Mailing Ad	Mailing Address					BANI BIBIN BIBI	A MIDII MIDIA DIN	
	CONGRESS A ACH FL 33445			250 NORTH CONGRESS AVE DELRAY BEACH FL 33445 US				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	1		
2. Principal Place of Business 2a. Mailing Address								12/02/1988 4. FEI Number			
21	IECO OI DUSII	1055		26. Wanning Autoress						-	pplied For
Suite, Apt	# atc			Suite, Apt. #. etc.				65-0096961			ot Applicable
22				27			- 1	5. Certificate of Status Desired		+	Additional equired
City & Sta	te			City & State				6. Election Campaign Financing			
23			├ ─ŋ *	28				Trust Fund Contribution			May Be to Fees
Zip		Country	Zıp		Country	········		8. This corporation owes or has			
24		25	29	1	30			Personal Property Tax due Jui	•		No I
	9, Name	and Address of Cu	rrent Registered Ag					10. Name and Address of New F			
90	DRION, GLE	NDA			81	Name)				
250 NORTH CONGRESS AVE					82	Stroot	Addrace	(P.O. Box Number is Not Accept	abla)		
		CH FL 33445			02	300007	Audiess	(F.O. Box Number is Not Accept	аоне)		
-								······································			
					-					·	
					84	City		•	FL	85 Zip	Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 						e-named the corr	d corpora	ation submits this statement for the 's board of directors. I hereby acc	purpose of	f changing in pointment as	ts registered registered
	in i mai i inita i yvi	in, and accept the of	ongations of, Section	007.05 0 5, Flor	ida Statutes	S.					
SIGNATURE	Stonature, typed	or printed name of registere	d agout and tille if applicable	(NOTE:	Registered Age	ant signature	a required w	fron reinslating)	DATE		
12.			AND DIRECTORS	(1012.	13.	an arginatoro		ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE	PD			DELETE	1.1 TITLE	·	T	TABLET TO OTT	TOLFIO / STE	Change	Addition
NAME		, GLENDA			1.2 NAME						
STREET ADDRESS 250 NORTH CONGRESS AVE			AVENUE				1				
CiTY-ST-ZIP		BEACH FL			1.4 CiTY-S	ŀ	ľ				
TITLE				DELETE	2.1 TITLE	***			··· - ··· ·· ·	Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET	ADDRESS					1
CITY-ST-ZIP					2. 4 CITY - 9						
TITLE				DELETE	3.1 TITLE	71 211	1			Change	Addition
NAME					3.2 NAME			·			
STREET ADDRESS					3.3 STREFT	ADDRESS		•			
CITY-ST-ZIP					3.4. CITY-S						ľ
TITLE				DELETE	4.1 THLE	,	<u> </u>			Change	Addition
NAME					4. 2 NAME	ŀ	ļ				-
STREET ADDRESS					4.3 STREET	ADDRESS					
CITY-ST-ZIP					4.4 CITY-S						
TITLE				DELETE	5.1 TITLE					Change	Addition
NAME					5.2 NAME					-	
STREET ADORESS					5.3 STREET	ADDRESS					ŀ
CITY-ST-ZIP					5.4 CITY-S						
TITLE				DELETE	6.1 TITLE		1			Change	Addition
NAME					6.2 NAME]				
STREET ADDRESS					63 STREET	ADDRESS	1				
CITY-ST-ZIP						- 1					
	ertify that the	information supplied	with this filing does	not qualify for	64 CITY-SI		nd in Sec	tion 119.07(3)(i). Florida Statutes.	Lfurther ce	rtify 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 truslee 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.