FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K78137 (2)

1. Corporation Name

DESIGN SYSTEMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
%WARREN A LEHAN 2652 ST JOSEPH DR. W. DUNEDIN FL 34698 US	2652 ST JOSEPH DR W 1970 DREW PLAZA DUNEDIN FL 34698 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1989
3a. Date of Last Report: 10/10/1994
4. FEI Number: 59-2947450 — 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	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEHAN, WARREN A.
2652 ST JOSEPH'S DR W
DUNEDIN FL 34698

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

Field	Value
TITLE	P
NAME	LEHAN, WARREN A.
STREET ADDRESS	2652 ST JOSEPH DR W
CITY ST ZIP	DUNEDIN FL 34698
TITLE	S
NAME	CHARETTE, RHEAL
STREET ADDRESS	11169 111TH WAY NORTH
CITY ST ZIP	LARGO FL
TITLE	O
NAME	DUVAL, CLAUDE P
STREET ADDRESS	2658 ST JOSEPH DR W
CITY ST ZIP	DUNEDIN FL
TITLE	V
NAME	LAFFERTY, BILLY
STREET ADDRESS	PO BOX 580
CITY ST ZIP	CRYSTAL RIVER FL 32629
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP
21 TITLE ☐ Change ☐ Addition / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP
31 TITLE ☐ Change ☐ Addition / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP
41 TITLE ☐ Change ☐ Addition / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP
51 TITLE ☐ Change ☐ Addition / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360231 CP