SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 24 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: **03/31/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

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

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 name is changed) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LEHAN, WARREN A.		12 NAME	
STREET ADDRESS	2652 ST JOSEPH DR W		13 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698		14 CITY-ST-ZIP	
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CHARETTE, RHEAL		22 NAME	
STREET ADDRESS	11169 111TH WAY NORTH		23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		24 CITY-ST-ZIP	
TITLE	O	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DUVAL, CLAUDE P		32 NAME	
STREET ADDRESS	2658 ST JOSEPH DR W		33 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LAFFERTY, BILLY		42 NAME	
STREET ADDRESS	PO BOX 580		43 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 32629		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 5/17/96 813-573-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #