SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON DR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K78137

(2)

DESIGN SYSTEMS INTERNATIONAL, INC.														
Pr	Principal Place of Business Mailing Address									T TORREST DATE TO DODY 19491 STORE CITYLE DEBY DEBY DEBY DEBY DEBY DEBY DEBY 19491 1991				
16WARREN A LEHAN 2652 ST JOSEPH DR. W. DUNEDIN FL 34698 US 2. Principal Place of Businoss					2652 ST JOSEPH DR W 1970 DREW PLAZA DUNEDIN FL 34698 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
					2a. Mailing Address					03/3 4. FEI No	1/1989	06	/24/1996_	- K 17
21 1456 South Evergreen Suite, Apl. #, etc. 22 City & State				26 1456 South Evergreen Suite, Apt. #, etc. 27 City & State					ł			<u> </u>	plied For Applicable	
								GII			2947450 cate of Status Desired		CO 75 4	
										& Election	n Campaign Financing		\$5.00 May Be	
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	Zip		Country	1=-1	<u>Clearwater</u> Zip		intry	,		 	orporation owes or has a	paid the cu		
24	33756		Pinellas	29	33756	30 Pi	ne	llas		Persor	nal Property Tax due Jur	ne 30.	Yes [] No
	9. 1	Name (and Address of Current	Regis	tered Agent					10. Name	and Address of New F	Registered	Agent	
11	- Office of registeri	FL 34		or From	aa isuch change was	aumonze	ด ถง	City	56 - 8	South I	Lehan Number is Not Accept Evergreen its this statement for the f directors. I hereby acc	FL purpose o	= 337	Code 756 s registered registered
SI	GNATURE		r printed name of registered agen						e required	when reinstatio	g)	DATE		
12			OFFICERS AND	DIREC		13.				ADDITIO	ONS/CHANGES TO OFF	ICERS AN		
TIT	~~ '				X) DELETE	1,1 T	ILE		P			-	Change	Addition
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			E, MILEAL ITH WAY NORTH					ADDRESS	}					
		GO FI						ADDRESS ST - ZIP						
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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 comporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in manged, or on an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

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5.3 STREET ADDRESS

6.9 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 CITY-ST-ZIP

34. CITY-ST-ZIP

DUVAL, CLAUDE P

LAFFERTY, BILLY

DUNEDIN FL

PO BOX 580

2658 ST JOSEPH DR W

CRYSTAL RIVER FL 32629

NAME

TITLE

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FILED

Sep 19 1997 8:00am

Secretary of State