

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93252

1. Corporation Name

TECHLINE DESIGN STUDIO, INC.

Principal Place of Business

10500 SAN JOSE BLVD 24
STE 24
JACKSONVILLE FL 32257
US

Mailing Address

C/O ANSBACHER & SCHNEIDER, P.A.
4215 SOUTHPOINT BLVD. SUITE 100
JACKSONVILLE FL 32216

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90147 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1989

4. FEI Number

59-2951099

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SCHNEIDER MICHAEL N.
4215 SOUTHPOINT BOULEVARD, SUITE 100
JACKSONVILLE FL 32216

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEMPSEY, GABRIELE	
STREET ADDRESS	10500-24 SAN JOSE BLV#24	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	MCNETT, DONNA	
STREET ADDRESS	10500-24 SAN JOSE BLV#24	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCNETT, DONNA	
STREET ADDRESS	10500-24 SAN JOSE BLV#24	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DEMPSEY, GABRIELE	
STREET ADDRESS	10500-24 SAN JOSE BLV#24	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DEMPSEY, GABRIELE	
STREET ADDRESS	10500-24 SAN JOSE BLV#24	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9.15.99 (904) 262-8838

Date

Daytime Phone #

CR2E034 (11/98)