

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K99995** (8)
1. Corporation Name
SUSAN FARIS DESIGNS, INC.



Principal Place of Business
**475 CENTRAL AVE
SUITE M-5
ST PETERSBURG FL 33701
US**

Mailing Address
**475 CENTRAL AVE
SUITE M-5
ST. PETERSBURG FL 33701
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2887 22nd Avenue N Suite, Apt. #, etc. 22 Suite E City & State 23 St. Petersburg, FL Zip 24 33713		2a. Mailing Address 26 2887 22nd Avenue N Suite, Apt. #, etc. 27 Suite E City & State 28 St. Petersburg, FL Zip 29 33713		3. Date Incorporated or Qualified 07/05/1989	
		4. FEI Number 95-4080352		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FARIS, SUSAN 475 CENTRAL AVENUE SUITE M-5 ST PETERSBURG FL 33701		10. Name and Address of New Registered Agent 81 Name Susan Faris 82 Street Address (P.O. Box Number is Not Acceptable) 2887 22nd Avenue N 83 Suite E 84 City St. Petersburg FL 85 Zip Code 33713	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	FARIS, SUSAN	1.2 NAME	Faris, Susan
STREET ADDRESS	475 CENTRAL AVENUE SUITE M-5	1.3 STREET ADDRESS	2887 22nd Avenue N Suite E
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	D	2.1 TITLE	
NAME	FARIS, EVELYN	2.2 NAME	
STREET ADDRESS	4409 NOGALES DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARZANA CA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE  220-98 813-321-2787

CR2E034 (10/97)