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Mar 21 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # L14877 (9)

DESIGNS BY MARY ANN, INC.



Principal Place of Business
 C/O RICHARD P. LOUTH
 6051 ESTERO BLVD.
 FORT MYERS BEACH FL 33931

Mailing Address
 C/O RICHARD P. LOUTH
 6051 ESTERO BLVD.
 FORT MYERS BEACH FL 33931-4348

3. Date Incorporated or Qualified 09/06/1989
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0144094
 Applied For: 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24 **26** **27** **28** **29** **30**

9. Name and Address of Current Registered Agent
 LOUTH, RICHARD P.
 6051 ESTERO BLVD.
 FORT MYERS BEACH FL 33931

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

DELETE

TITLE D
NAME MURPHY, MARY ANN
STREET ADDRESS 2 PEPITA ST.
CITY, ST, ZIP FT. MYERS BEACH FL

DELETE

TITLE D
NAME MURPHY, JAMES
STREET ADDRESS 2 PEPITA ST.
CITY, ST, ZIP FT. MYERS BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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: *Mary Ann Murphy* **3-19-97** **463 6500**

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

CR2E034 (9/96)