

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L81447** (9)
1. Corporation Name
DESIGNS OF DISTINCTION, INC.

Principal Place of Business

Mailing Address

C/O DAVID A. CAMPBELL
3052 SKYLINE COURT
COCOA FL 32922

C/O DAVID A. CAMPBELL
3052 SKYLINE COURT
COCOA FL 32922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/18/1990	
22 City & State	27 City & State	4. FEI Number 59-3046385	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		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	
26		10. Name and Address of New Registered Agent	
27		81 Name	
28		82 Street Address (P.O. Box Number is Not Acceptable)	
29		83	
30		84 City	
31		85 Zip Code	

CAMPBELL, DAVID A.
3052 SKYLINE COURT
COCOA FL 32922

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		DATE	
Signature, typed or printed name of registered agent and, if applicable, (NOT: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	CAMPBELL, DAVID A.	13 STREET ADDRESS	14 CITY-ST-ZIP
CITY-ST-ZIP	3052 SKYLINE COURT	21 TITLE	22 NAME
	COCOA FL	23 STREET ADDRESS	24 CITY-ST-ZIP
		31 TITLE	32 NAME
		33 STREET ADDRESS	34 CITY-ST-ZIP
		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY-ST-ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY-ST-ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 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.

CR2E034 (10/97)