


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

97 APR -8 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L95000000896</b>
DESIGNWORKS ADVERTISING OF FLORIDA, L.C. 2633 PLAZA PARKWAY WICHITA FALLS TX 76308	
Same	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
<del>3580 CORAL SPRINGS DRIVE</del> <del>CORAL SPRINGS FL 33065</del>

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
1440 Coral Ridge Dr	Same	1/21/1995	FL
Suite, Apt. #, etc. #154	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	65-0624429	
Coral Springs, FL		5. Date of Last Report	6. Certificate of Status Desired
Zip	Zip	04/12/1996	\$8.75 Additional Fee Required <input type="checkbox"/>
33071			

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DRAPER, CRAIG A	2633 PLAZA PARKWAY	WICHITA FALLS TX
MGRM	BROWN, KIMBERLY K	3580 CORAL SPRINGS DRIVE	CORAL SPRINGS FL
MGRM	RISNER, SAMUEL J JR	4508 WESTWARD	WICHITA FALLS TX
			500002138105--3 -04/09/97--01096--012 ****203.75 ****203.75 A. Alan 4-8-97

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** Samuel J. Risner 4/4/97 (817) 696-1229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #