

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M03485 (3)

1. Corporation Name
EIFFEL DESIGN, INC.



Principal Place of Business: **501 FAIRWAY DR, 3030 NE 44TH ST., DEERFIELD BEACH FL 33441 US**
Mailing Address: **501 FAIRWAY DR, 3030 NE 44TH ST., DEERFIELD BEACH FL 33441 US**

3. Date Incorporated or Qualified: **08/01/1984**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-2438110**
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: **21 700 BANYAN TRAIL**
Suite, Apt. #, etc.:
City & State: **23 BOCA RATON, FL**
Zip: **24 33431** Country: **25 U.S.A.**
2a. Mailing Address: **26 700 BANYAN TRAIL**
Suite, Apt. #, etc.:
City & State: **28 BOCA RATON, FL**
Zip: **29 33431** Country: **30 USA**

9. Name and Address of Current Registered Agent
**PLATH, ROBERT
3030 NE 44TH ST.
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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, if applicable. (Print) Registered Agent signature must be handwritten.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Y
NAME	PLATH, ROBERT V.	1.2 NAME	RENICK, ELIOT
STREET ADDRESS	3030 NE 44TH ST.	1.3 STREET ADDRESS	4101 N 45 AVE
CITY-ST-ZIP	LIGHTHOUSE PT. FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE		2.1 TITLE	P
NAME		2.2 NAME	WILKIN, J.P.
STREET ADDRESS		2.3 STREET ADDRESS	1280 CYPRESS WAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE		3.1 TITLE	V
NAME		3.2 NAME	MACLAUGHLAN, MARGOT
STREET ADDRESS		3.3 STREET ADDRESS	3030 NE 44 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LIGHTHOUSE PT., FL 33064
TITLE		4.1 TITLE	D
NAME		4.2 NAME	ANAMS, RICHARD W. JR.
STREET ADDRESS		4.3 STREET ADDRESS	421 SIXTH AVE. NORTH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TIERRA VERDE, FL
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)