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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M48183

(1)

DESIGN	i distribu	TORS, INC.											
Principal Place of Business OAKWOOD BUSINESS CENTER 800 OAKWOOD LANE HOLLYWOOD FL 33020			Mailing Addre	988			:	: !!	491201)		FILL   B10/1   01		#46
			C O HIXSON. MARIN, POWELL 16100 N.E. 18TH AVE N. MIAMI BEACH FL 33162-4708										
								1	le incorporated or 12/1987	Qualified		le of Last F <b>8/1996</b>	Report
2. Principal Place of Business			2a. Mailing Address 25					1	4. FE! Number		Applied For		
								65-0076257				N	ot Applicab
Suite, Apt.	. #, etc.		Suite, Apt.	#, etc.				<b>5</b> . Cer	tificate of Status D	esired			Additionat equired
City & Stat	te		City & Stat	le			.,	6. Elec	ction Campaign Fi	nancing		\$5.00	May Be
3			28					(	st Fund Contributio	_			to Fees
Zip		Country	Zip		Coun	ntry		B. This	s corporation has I				. 199.032,
4	2!	5]	29		30				rida Statutes		Yes [		
	9. Name a	nd Address of Curren	il Registered Agen	t				10, Na	me and Address o	of New Reg	Istered A	gent	
LEC	OPÓLD, NORM	AAN			1	B1	Name						
	IVES BLDG			la la	B2 :	Street Address (P.O. Box Number is Not Acceptable)							
		BLVD, STE 501					Silver Au	idi 655 (1 .C. i	DOX NGHIDEI 16 NO	Moceptabl	C)		
		EACH FL 33180				B3							
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			2 and 607.1508, Fig.	orida Statute			City named co	orporation su	bmits this stateme	nt for the pi	FL proose of	11 '	Code ts registere
11. Pursuant office or r agent. I a	to the provision registered ager am familiar with	ns of Sections 607.050. N, or both, in the State, and accept the obliga			es, the abouthorized rida Statu	ove-r by ti iles.	named co he corpor	orporation sur ration's board		nt for the pi reby accep		11 '	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Scotion 119.07(3)(i), Florida Statutos. 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.

5.2 NAME

6.1 1/1LE

6.2 NAME

DELE16

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Since O The Hay We

George J. BAOKS

× 3.7.97

×954. 921-7184

Change

**FILED** 

Mar 13 1997 8:00am

Secretary of State