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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # M48183

(1)

FILED						
Apr 13 1998 8:00am						
Secretary of State						

DESIGI	N DISTRIBUTORS, INC.				
Principal Plac	e of Business	Mailing Address		1 18416611 111 81861 10164 15061 10160 11	II GIBII BIBII BIBII BIBII BIBII 1981
OAKWOOD BUSINESS CENTER C O HIXSON, MARIN, POWELL 200 OAKWOOD LANE 16100 N.E. 16TH AVE HOLLYWOOD FL 33020 N. MIAMI BEACH FL 33162				DO NOT WRITE IN THIS SPACE	
ł				3. Date Incorporated or Qualified	
8 8 2 2 2 1 5	Name of Discours	1.66		03/12/1987	
<u> </u>	Place of Business	2e. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.		65-0076257	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	
ļ	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	OPOLD, NORMAN				
	E IVES BLDG		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
	BO1 BISCAYNE BLVD, STE 501		83		
NO	ORTH MIAMI BEACH FL 33180				
			B4 City		FL 85 Zip Code
11. Pursuant office or r agent, I a SIGNATURE	to the provisions of Sections 607,050, egistered agent, or both, in the State im familiar with, and accept the obligation.	2 and 607.1508, Florida Statt of Florida. Such change was alions of, Section 607.0505, F	ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of changing its registered of the appointment as registered
	Signature, typed or printed name of registered agri-		TE: Registered Agent signature requ		DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD Brooks, George	בין הנונונ	1.1 TITLE		Change Addition
NAME STREET ADDRESS	3500 ISLAND BLVD #104		1.2 NAME		
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	\$D	DELETE	2.1 TITLE		Change Addition
NAME	BROOKS, JOAN	_	2.2 NAME		
STREET ADDRESS	3500 ISLAND BLVD #104		2.3 STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160		2 4 CHY-ST-ZIP		
TITLE	Ō	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Brooks, Lori		3.2 NAME		
STREET ADDRESS	3300 NE 192 ST, #303		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33180		3.4. CITY-ST-7IP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ bettie	5.1 TITLE		Fin change Fin Wallion
NAME PERCE ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
J.M.C. INDUITION			S.S. STILLET POSITION		

14. Thereby 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 suppliemental 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: X Love & Broker GEORGE J. BROOKS X 2-25-98 954-921-7184