FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 25 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001497 (6)

1. Corporation Name
DESIGNFEST, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1109 E. RIDGEWOOD ST ORLANDO FL 32803	1109 E. RIDGEWOOD ST. ORLANDO FL 32803

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1235 Mt. Vernon St	26 1235 Mt. Vernon St
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32803 Country 25 Orange	Zip 29 32803 Country 30 Orange

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Lorraine Hafenbrack-Collier — 5/14/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	YOUNG, JANICE
STREET ADDRESS	2106 ST. JOHNS AVE.
CITY ST ZIP	JACKSONVILLE FL 32204
TITLE	D
NAME	FETTER, ANN
STREET ADDRESS	2904 WAREHAM CT.
CITY ST ZIP	CASSELBERRY FL 32707
TITLE	D
NAME	PETERSEN, ELAINE
STREET ADDRESS	200 E. ROBINSON ST., #300
CITY ST ZIP	ORLANDO FL 32801
TITLE	DP
NAME	PRICE, AMY
STREET ADDRESS	200 E. ROBINSON ST., STE. 300
CITY ST ZIP	ORLANDO FL 32801
TITLE	DV
NAME	HAFENBRACK-COLLIER , LORRAINE
STREET ADDRESS	9850 16TH ST. NORTH
CITY ST ZIP	ST. PETERSBURG FL 33716
TITLE	DST
NAME	THOMPSON, LISA
STREET ADDRESS	124 92ND AVE., 2ND FLOOR
CITY ST ZIP	TREASURE ISLAND FL 33706

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Hafenbrack-Collier — 5/14/95 — 800-678-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004120