

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000001497 (6)

1. Corporation Name

DESIGNFEST, INC.

Principal Place of Business

1235 MT. VERNON ST.  
ORLANDO FL 32803

Mailing Address

1235 MT. VERNON ST.  
ORLANDO FL 32803



3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

05/25/1995

4. FEI Number

APPLIED FOR 59-3235144

Applied For

Not Applicable

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE

NAME YOUNG, JANICE  
STREET ADDRESS 2106 ST. JOHNS AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D ☐ DELETE

NAME FETTER, ANN  
STREET ADDRESS 2904 WAREHAM CT.  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☐ DELETE

NAME PETERSEN, ELAINE  
STREET ADDRESS 200 E. ROBINSON ST., #300  
CITY-ST-ZIP ORLANDO FL 32801

TITLE DP ☐ DELETE

NAME PRICE, AMY  
STREET ADDRESS 200 E. ROBINSON ST., STE. 300  
CITY-ST-ZIP ORLANDO FL 32801

TITLE DV ☐ DELETE

NAME HAFENBRACK-COLLIER, LORRAINE  
STREET ADDRESS 9850 16TH ST. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE DST ☐ DELETE

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)