


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 32803-5417		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	YOUNG, JANICE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2106 ST. JOHNS AVE.		1.2 NAME		
CITY - ST - ZIP	JACKSONVILLE FL 32204		1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 CITY - ST - ZIP		
NAME	FETTER, ANN		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2904 WAREHAM CT.		2.2 NAME		
CITY - ST - ZIP	CASSELBERRY FL 32707		2.3 STREET ADDRESS		
TITLE	D	DELETE	2.4 CITY - ST - ZIP		
NAME	PETERSEN, ELAINE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	200 E. ROBINSON ST., #300		3.2 NAME		
CITY - ST - ZIP	ORLANDO FL 32801		3.3 STREET ADDRESS		
TITLE	DP	DELETE	3.4 CITY - ST - ZIP		
NAME	PRICE, AMY		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	200 E. ROBINSON ST., STE. 300		4.2 NAME		
CITY - ST - ZIP	ORLANDO FL 32801		4.3 STREET ADDRESS		
TITLE	DV	DELETE	4.4 CITY - ST - ZIP		
NAME	HAFENBRACK-COLLIER, LORRAINE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	9850 16TH ST. NORTH		5.2 NAME		
CITY - ST - ZIP	ST. PETERSBURG FL 33716		5.3 STREET ADDRESS		
TITLE	DST	DELETE	5.4 CITY - ST - ZIP		
NAME	THOMPSON, LISA		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	124 92ND AVE., 2ND FLOOR		6.2 NAME		
CITY - ST - ZIP	TREASURE ISLAND FL 33706		6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		
14. I do hereby 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 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 unchanged, or on an attachment with an address.					
SIGNATURE _____ DATE 2/25/97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)