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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000018269 (9) DOCUMENT #

DEALERSHIP DESIGNS, INC.

Principal Place of Business

Mailing Address

FILED Feb 16 1998 8:00am Secretary of State



205 S. HOOVER BLVD SUITE 205 4310 RUSTLING LEAF LN JACKSONVILLE FL 32258 **TAMPA FL 33609** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1993 2. Principal Place of Business
17 4310 Rustling LEAFUN 4. FEI Number 2a. Mailing Address Applied For 59-3169389 Not Applicable Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SUTTON, W E LASON 205 S. HOOVER BLVD. 82 **SUITE 205** 83 **TAMPA FL 33609** 4310 RUSTING LEAT 11. Pursuant to the provisions of Sections 607 office or registered agent, or both in the agent. I am familiar with, and a count in the sections of the sec 308. Forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered action 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE CARSON, BRET NAME 1.2 NAME 4336 WALNUT BEND STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP VD. DELETE Change Addition TITLE 2.1 TITLE SUTTON, WE NAME 2.2 NAME 205 S HOOVER BLVD, STE 205 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ■ Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TiTLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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 of the receiver of histen perpetuate 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 after point with a large east.

SIGNATURE:

130m BRETH. CARSON 2/9/98 904.613.3690