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FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000007143 (8)

1. Corporation Name

DESIGNWORKS CREATIVE PARTNERSHIP, INC.

Principal Place of Business

Mailing Address

450 FAIRWAY DRIVE
#104
DEERFIELD BEACH FL 33441

450 FAIRWAY DRIVE
#104
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

4. FEI Number

65-0464737

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 6501 PARK OF COMMERCE BLVD

25 6501 PARK OF COMMERCE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-205

27 B-205

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33487

25 USA

29 33487

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, KEITH A
777 SOUTH FLAGLER DRIVE
SUITE 310 EAST
WEST PALM BEACH FL 33401

81 Name

Hefner, Steven M.

82 Street Address (P.O. Box Number is Not Acceptable)

6501 PARK OF COMMERCE Boulevard

83

Suite #B-205

84

Boca Raton

FL

85

Zip Code
33487

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

Steven M. Hefner, President

3/6/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HEFNER, STEVEN M.
STREET ADDRESS 450 FAIRWAY DRIVE #104
CITY-ST-ZIP DEERFIELD BEACH FL 33441

1.1 TITLE PD
1.2 NAME HEFNER, STEVEN M.
1.3 STREET ADDRESS 4501 PARK OF COMMERCE BLVD., STE. B-205
1.4 CITY-ST-ZIP BOCA RATON, FL 33487

TITLE STD
NAME BRODY, ELLIOT J.
STREET ADDRESS 17556 LAKE ESTATES DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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

Steven M. Hefner

3/6/98

5-1-913-991.0

CP2E034 (10/97)