## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000018246 (6)

DESIGN AND DEVELOPMENT (EUROPE), INC.

Principal Place of Business Maile			ailing Address				-	H BOIDH HOOL HOUS HINK OF	Old Diki IDDI
400 AUSTRALIAN AVE S SUITE 100 WEST PALM BEACH FL 33401		SUITE	400 AUSTRALIAN AVE S SUITE 100 WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE		
							Date Incorporated or Qualified     03/04/1994	3a. Date of Last F 06/03/1996	· 1
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		pplied For
21		26	26				65-0493413	N	ot Applicable
Suite, Apt. #, eic.			Suile, Apl. #, etc.				6. Certificate of Status Desired		Additional equired
City & State			City & State				Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip Country			Zip Country			8. This corporation owes or has pa			
24	25	29		30			Personal Property Tax due June		K) No
9. Name and Address of Current Registered Agent							10. Name and Address of New Re	gistered Agent	
DEMPSEY, W. GLENN					'	Name			
505 S FLAGLER DR SUITE 1330			82	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
WEST PALM BEACH FL 33401				83	3				
				84	. -	City		ar 70	Code
				1		City			
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 Signature, typed or printed name of registered agent and lete it applicable (NOTE Registered)						sionalium recuire	d when reinstating)	DATE	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE D			DELETE	1.1 TiTLE				☐ Change	Addition
	OLE, ALAN P			1.2 NAME					
STREET ADDRESS 400 AUSTRALIAN AVE S SUITE 1				1.3 STREE	1 AE	DDRESS			
	FPALM BEACH FL 33401			1.4 CITY-	ST-	2(P			
TITLE			☐ DELETE	2.1 TOTLE				Change	Addition
	BOOM, DOUGLASS E	~ 400		2.2 NAME					
STREET ADDRESS 400 AUSTRALIAN AVE S SUITE 1				2.3 \$TREE	T AI	DORESS			
0111 01 E.			DELETE	2. 4 CITY-ST-ZIP  DELETE 3.1 THLE		- ZIP		Change	T Addition
TITLE			i necre	3.1 THLF				∟ ∪nange	☐ Addition
NAME Street address				3.2 NAME 3.3 STREE		nnpeeë			
CITY-ST-ZIP				3.4. CITY					
TITLE			☐ DELETE	4.1 TITLE	31.	- 211	<del></del>	Change	☐ Addition
NAME				4. 2 NAME				— •	_
STREET ADDRESS				4.3 STREE		DDRESS			
CITY-ST-ZIP				4.4 CITY-					
TITLE			DELETE	5.1 TITLE				☐ Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T AI	DDRESS			
CITY-ST-ZIP				5.4 CITY -	ST-	ZIP			
TITLE			DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T AI	DDRESS			
l				1					J

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), Fiorida 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 academent with an address.

**FILED** 

Aug 13 1997 8:00am

Secretary of State