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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025382 (0)

1. Corporation Name

DESIGN IMAGE, INC. OF FLORIDA



Principal Place of Business

Mailing Address

1200 N FEDERAL HWY
SUITE 411
BOCA RATON FL 33432

1200 N FEDERAL HWY
SUITE 411
BOCA RATON FL 33432

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND, JOHN J SR.
1200 N FEDERAL HWY
SUITE 411
BOCA RATON FL 33432

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 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 of Registered Agent (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
NOVKOV, LUCINDA
STREET ADDRESS
1200 N FEDERAL HWY SUITE 411
CITY-STATE-ZIP
BOCA RATON FL 33432

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

NAME
NOVKOV, STEVEN
STREET ADDRESS
1200 N FEDERAL HWY SUITE 411
CITY-STATE-ZIP
BOCA RATON FL 33432

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

NAME
RAYMOND, JOHN J. S
STREET ADDRESS
1200 N. FEDERAL HIGHWAY, SUITE 411
CITY-STATE-ZIP
BOCA RATON FL

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John J. Raymond Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Raymond Jr.

January 25, 1996 407 368 2151
Date Daytime Phone #

CR2E034 (12/95)