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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # P94000027119 (4)

EFFECTS DESIGN, INC.

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Principal Place of Business Mailing Address								f LOGISTON DIO 10153 BIBIT ARTIT ANGEL DATE	 	10001 11001		(881
7501 N.W. 4TH	W. 4TH ST.											
#112		#112										
PLANTATION FL 33317		PLANTATION FL 33317-2246				3. Date Incorporated or Qualified 3a. Date of Last Report					t	
								04/08/1994		09/199		
2. Principal Pl	ace of Business	2a. Mailing Address					4.	FEI Number	<u> </u>		Applied	d For
21		26						65-0481547			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5	Certificate of Status Desired			5 Addit	
22		27					J	——————————————————————————————————————	<u></u>	Fee	Requir	ed
City & State	e	City & State					6. Election Campaign Financing \$5.00 May Be					
23		28					Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,						
24	25 29			30			Florida Statutes Yes X No					
	9. Name and Address of Current	Registered	Agent		31	Name	10.	Name and Address of New Re	gisterea	Agent		
	CHHOLDER, BARRY L			"	"	warne						1
	I N.W. 4TH ST.		Ī	32	Street Addr	dress (P.O. Box Number is Not Acceptable)						
# 11				L,								
PLA	ntation fl 33317			'	33							
				ļ ī	84	City				85 7	ip Code	9
					_				FL			
11. Pursuant to office or reagent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.150 f Florida. Sui ions of, Secti	08, Florida Statu ch change was ion 607.0505, F	ites, the abi authorized lorida Statu	ove by les	e-named corp the corporal i.	oratio lion's l	on submits this statement for the p poard of directors. I hereby accep	urpose of of the app	changin ointment	ig its regi as regi	gistered : slered
SIGNATURE												ì
		NOTE: Registered Agent signature req					DATE.					
12.	OFFICERS AND	DIRECTORS		13.				ADDITIONS/CHANGES TO OFFIC	EHS ANL			Addition
TITLE	D TYPOCH DAGED		DELETE	1.1 101						Chan	ye L.	J AQUIIIO11
NAME	TYRRELL, ROGER 1131 S.E. 9TH TERRACE		1.2 NA									
STREET ADDRESS		1.3 S			3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33060		- Contrac	1.4 CIT		T-ZIP			···········	I I Obas		1 Applicati
TITLE	D. D. DEBODALLO		☐ DELETE	2.1 1111		1				∐ Chan	ge L	Addition
NAME	TYRRELL, DEBORAH G			2.2 NAN								
STREET ADDRESS	1131 S.E. 9TH TERRACE					ADDRESS		-				
CITY-ST-ZIP	POMPANO BEACH FL 33060		Distric	2. 4 CIT		51 - ZIP				Obser		Addition
TITLE			☐ DELETE	3.1 1111						∐ Chan	ցե	Addition
NAME				3.2 NAM								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DECETO	3.4. CII		S1 - Z1P				Chan		Addition
TITLE			☐ DELETE	4.1 1111						L Chan	ge L	J Addition
NAME				4. 2 NA								
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP		<u>.</u>	DELETE	4.4 CiT		1 - ZIP				☐ Chan	no l	Addition
TITLE			□ nerric	5 5 1 TITU						0180	yc <u>L</u>	- Maninoli
NAME				52 NAM		10000100						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE	54 CIT		1-7P				Chan	ne T	Addition
TITLE			F"] D(T()[6.1 TITE						LJ CHAIL	y∿ L	, rigonioli
NAME OTDEST ADDRESS				6.2 NAM		*DDDEGG						
STREET ADDRESS				6.3 STR	EE	ADDRESS						

-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an utachment with an address.