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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027119 (4)

EFFECTS DESIGN, INC.

Principal Place of Business Mailing Address 7501 N.W. 4TH ST. 7501 N.W. 4TH ST. #112 PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1994 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 65-0481547 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zin Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WACHHOLDER, BARRY L 7501 N.W. 4TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 #112 83 PLANTATION FL 33317 84 Zip Code City 85 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, typed or proted name of registered agent and block applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Addition TITLE TYRRELL, ROGER 12 NAME NAME 1131 S.E. 9TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE TYRRELL, DEBORAH G NAME 2.2 NAME 1131 S.E. 9TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 33060 2.4 CITY-ST-ZiP CITY-ST-ZIP DELETE Change Addition Addition 3 1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

SIGNATURE:

STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 supplieriental 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 changes, for on an attachment with an address. Vogen W. Igarel

63 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Mar 11 1998 8:00am

Secretary of State