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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000029988 (0)
1. Corporation Name
CHARLES SLONE DESIGNER, INC.

Principal Place of Business: 2361 GREENBRIER ST DELTONA, FL 32738
Mailing Address: 2361 GREENBRIER ST DELTONA, FL 32738

2. Principal Place of Business: 21 CHARLES SLONE DESIGNER, INC. 22 2361 GREENBRIER ST 23 DELTONA, FL 24 32738
2a. Mailing Address: 26 2361 GREENBRIER ST 27 DELTONA, FL 28 32738
3. Date Incorporated or Qualified: 4/18/1994
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3243881
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent: 81 SLONE, CHARLES E 82 2361 GREENBRIER ST 83 DELTONA, FL 32738 84
10. Name and Address of New Registered Agent: 81 [Blank] 82 [Blank] 83 [Blank] 84 [Blank] 85 FL [Blank] 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: Charles E. Slone CHARLES E SLONE 4/14/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT D	[] DELETE	1.1 TITLE: [Blank]	[] Change [] Addition
NAME: SLONE, CHARLES E		1.2 NAME: [Blank]	
STREET ADDRESS: 2361 GREENBRIER ST		1.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: DELTONA, FL 32738		1.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[] DELETE	2.1 TITLE: [Blank]	[] Change [] Addition
NAME: [Blank]		2.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		2.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		2.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[] DELETE	3.1 TITLE: [Blank]	[] Change [] Addition
NAME: [Blank]		3.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		3.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		3.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[] DELETE	4.1 TITLE: [Blank]	[] Change [] Addition
NAME: [Blank]		4.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		4.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		4.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[] DELETE	5.1 TITLE: [Blank]	[] Change [] Addition
NAME: [Blank]		5.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		5.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		5.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[] DELETE	6.1 TITLE: [Blank]	[] Change [] Addition
NAME: [Blank]		6.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		6.4 CITY-ST-ZIP: [Blank]	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Charles E. Slone CHARLES E SLONE 4/14/97 407-860-0582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)