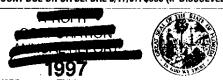
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000064582 (7) DOCUMENT #
1. Corporation Name

FANTASIA DESIGNS LTD., INC.

REINSTATEMENT 1997

97 OCT 17 PH 1:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	e of Rusines	Mailing Address	Marianta Promisera	{
Principal Place of Business Mailing Address 5255 S. TROPICAL TRAIL P.O. BOX 568508				
MERRITTASLAND FL ORLANDO FL 32856-8508				
ppl	HADO, PZ			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report
				08/31/1994 03/29/1996
 	flace of Business	2a, Mailing Address		4. FEI Number Applied For
21		26		11-2551669 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		City & State		Fee Required
— '	e	F-7 '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Country	
24	25	h	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Curre	nt Registered Agent	201	10. Name and Address of New Registered Agent
NOOMO VANCY 10				
YYY MAY MAYSKASINIAY BAYREY BAYREYANE				TSON, SOILEAU, DELEO & BURGETT
BONGWEOD: PLX22750X				ess (P.O. Box Number is Not Acceptable)
			1001	70 MICHIGAN AVE, BUILDING C
}				COA FL 32925
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 697.0502 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 willy, and accept the obligations of, Section 607.0505, Florida Statutes.				
Signature, typod or phyted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling)				d when reinstating) UC J 14 1997
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPST	L DELETE	1.1 TITLE	800002325878 DAGILLON
NAME	PRIMI, DON		: 1,2 NAME	HUUUUCSCSSISS
STRFET ADDRESS	5255 S. TROPICAL TRAIL		1.3 STREET ADDRESS	-10/21/9701060021 ****500.00 ****500.00
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	#### <u>@(J)</u> , [JI]
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	PRIMI, DON		2.2 NAME	800002325878=_5
STREET ADDRESS	5255 S. TROPICAL TRAIL		2.3 STREET ADDRESS	-10/21/9701060022
CITY-ST-ZIP	MERRITT ISLAND FL		2 4 CITY-ST-ZIP	900023258785 -10/21/9701060022 ****250.00 ****250.00
TITLE		☐ DELEJE	3 1 TITLE	Change Addition
NAME			32 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY+ST-ZIP		····	3 4. CITY-ST-7IP	
TITLE		L_ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
-CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TOTLE		☐ DELETE	5.1 TillE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	() (1144.2
CITY-ST-ZIP			5.4 CITY-ST-ZIP	11) 12 Change Addition
TITLE		☐ DELFTE	6.1 TITLE	11)/10 / Change Addition
NAME			6.2 NAME	1911-1191
STREET ADDRESS			6.3 STREET ADDRESS	' 1' '/ 17

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), 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 it made under oath; that I am an officer or director of the corporation or the receiver or fursing 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.

10.97