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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 POCUMENT # P94000074544 (5)

| | DESIGN SYSTEMS, INC. | | | | |
|---|--|--|--|--|--|
| Principal Pis | ace of Business | Mailing Address | | | ii 30 81 3001 0000 6114 0001 844 144 |
| · · | STREET NORTH | 12111 117TH STREET NOF LARGO FL 33778-2400 | RTH . | | |
| | | | | Date Incorporated or Qualified 10/06/1994 | 3a. Date of Last Report 07/12/1996 |
| | Place of Business | 2a. Mailing Address | 0 1 | 4. FEI Number | Applied For |
| 21 7 50 Suite, Ari | O CHAMI CINCLEY | 26 12500 CAPRI | Cincul | 59-3272453 | Not Applicable |
| 22 # 40 | n ₩, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & St | <u> </u> | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 TAUV | nsuru 1) te | 28 TREMOLEU | Is FL | Trust Fund Contribution | Added to Fees |
| 24 337 | Country | Zip | Country | 8. This corporation has liability for | |
| 24) / | 9. Name and Address of Currer | 29 33704 | 30 Y'L VCU. 11 | Florida Statutes 10. Name and Address of New Re | Yes No |
| 121 | ST, H. LEE 111 117TH ST. NORTH RGO FL 34848 | | 83 State S | Aust It LES Idress (P.O. Box Number is Not Accepta CAPMI CIRCLE D | FL 85 Zip Code 33706 |
| 11. Pursuar | nt to the provisions of Sections 407.050 | 02 and 607.1508, Florida Statul | les, the above-named co | progration submits this statement for the | |
| agent I SIGNATURE | 18 14 (14) | | authorized by the corpor orida Statutes. TE: Registered Agent signalure red | orporation submits this statement for the ration's board of directors. I hereby accentions the properties of the propert | 4-26-97 DATE |
| | 5/g Aldu, typed or pointed name of register() ago OFFICERS AN | ent and title if applicable (NO) | | 4 | DATE CERS AND DIRECTORS IN 12 |
| SIGNATURE | Signalia, typed or pointed name of registery age OFFICERS AN | ent and title if applicable (NO: | TE: Registered Agent signature red 13. 1.1 TITLE | quired when reinstating) | 7-26-4/ DATE |
| SIGNATURE 12. TITLE NAME | OFFICERS AN AUST, H. LEE | ent and title if applicable (NO) | TE: Registered Agent signature red 13. 1.1 TITLE 1.2 NAME | quired when reinstating) ADDITIONS/CHANGES TO OFFI OFFI AUST H, LEE_ | CATE ICERS AND DIRECTORS IN 12 Change |
| SIGNATURE 12. THE NAME STREET ADDRES | OFFICERS AN OFFICERS AN AUST, H. LEE 12111 117TH ST. NORTH | ent and title if applicable (NO) | TE: Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | quied when reinstating) ADDITIONS/CHANGES TO OFFI AUST H, LEE IZTOU CAPIEL CURCE | OATE ICERS AND DIRECTORS IN 12 Change L Addition |
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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)(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 of 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 attantional primary address.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

Change

Addition

FILED

May 14 1997 8:00am

Secretary of State