

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

FILED

Jan 28 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 # P94000076944 (5)

1. Corporation Name  
ELIZABETH TAYLOR'S DESIGN STUDIO, INC.



Principal Place of Business  
1135 1ST STREET SOUTH  
WINTER HAVEN FL 33880

Mailing Address  
1135 1ST STREET SOUTH  
WINTER HAVEN FL 33880-3902

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>10/19/1994                                                                                                  | 3a. Date of Last Report<br>02/26/1996                  |
| 4. FEI Number<br>59-2273955                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

TAYLOR, ELIZABETH  
1135 FIRST ST SOUTH  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| FL 85 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 \_\_\_\_\_ (Note: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 11 TITLE                   | DP                      | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME                    | TAYLOR, ALAN            | 12 NAME                                               |                                                                   |
| 13 STREET ADDRESS          | 1135 FIRST STREET SOUTH | 13 STREET ADDRESS                                     |                                                                   |
| 14 CITY - ST - ZIP         | WINTER HAVEN FL 33880   | 14 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE                   | DV                      | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME                    | TAYLOR, ELIZABETH       | 22 NAME                                               |                                                                   |
| 23 STREET ADDRESS          | 1135 FIRST STREET SOUTH | 23 STREET ADDRESS                                     |                                                                   |
| 24 CITY - ST - ZIP         | WINTER HAVEN FL 33880   | 24 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE                   |                         | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME                    |                         | 32 NAME                                               |                                                                   |
| 33 STREET ADDRESS          |                         | 33 STREET ADDRESS                                     |                                                                   |
| 34 CITY - ST - ZIP         |                         | 34 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE                   |                         | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME                    |                         | 42 NAME                                               |                                                                   |
| 43 STREET ADDRESS          |                         | 43 STREET ADDRESS                                     |                                                                   |
| 44 CITY - ST - ZIP         |                         | 44 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE                   |                         | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME                    |                         | 52 NAME                                               |                                                                   |
| 53 STREET ADDRESS          |                         | 53 STREET ADDRESS                                     |                                                                   |
| 54 CITY - ST - ZIP         |                         | 54 CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE                   |                         | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME                    |                         | 62 NAME                                               |                                                                   |
| 63 STREET ADDRESS          |                         | 63 STREET ADDRESS                                     |                                                                   |
| 64 CITY - ST - ZIP         |                         | 64 CITY - ST - ZIP                                    |                                                                   |

14. I 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 included 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:

*Elizabeth Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Jan 97 941 299 9997  
Date Daytime Phone #

CR2E034 (9/96)