

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000081905 (9)

1. Corporation Name

THE LORENZO DESIGN GROUP, INC.

Principal Place of Business

5241 NW 52ND ST
COCONUT CREEK FL 33073

Mailing Address

5241 NW 52ND ST
COCONUT CREEK FL 33073



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

Zip

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

JENNINGS, EDWARD J ESQ
200 SE 18TH CT
FT LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature is required when changing agent)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	12 NAME		
CITY-ST-ZIP	COCONUT CREEK FL 33073	13 STREET ADDRESS		
		14 CITY-ST-ZIP		
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	22 NAME		
CITY-ST-ZIP	COCONUT CREEK FL 33073	23 STREET ADDRESS		
		24 CITY-ST-ZIP		
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	32 NAME		
CITY-ST-ZIP	COCONUT CREEK FL 33073	33 STREET ADDRESS		
		34 CITY-ST-ZIP		
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	42 NAME		
CITY-ST-ZIP	COCONUT CREEK FL 33073	43 STREET ADDRESS		
		44 CITY-ST-ZIP		
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	52 NAME		
CITY-ST-ZIP	COCONUT CREEK FL 33073	53 STREET ADDRESS		
		54 CITY-ST-ZIP		
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	62 NAME		
CITY-ST-ZIP	COCONUT CREEK FL 33073	63 STREET ADDRESS		
		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplements' 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 305-341-2342
Daytime Phone #

CR2E034 (12/95)