

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

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000087584 (6)

1. Corporation Name

FLORIDA DESIGN PARTNERSHIP, INC.

Principal Place of Business

Mailing Address

3300 HENDERSON BLVD.
STE 106
TAMPA FL 33609
US

3300 HENDERSON BLVD
STE 106
TAMPA FL 33609
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/02/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3281015	
24 Country		29 Country		5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL A SUMMERS
584 9TH ST SOUTH
NAPLES FL 34102

81 Name CHRISTOPHER J. JOINER
82 Street Address (P.O. Box Number is Not Acceptable)
3300 HENDERSON BLVD, SUITE 106
83
84 City TAMPA FL 85 Zip Code 33609

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  CHRISTOPHER J. JOINER, PRESIDENT 3/5/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P
NAME	MICHAEL L FAULHABER	1.2 NAME	CHRISTOPHER J. JOINER
STREET ADDRESS	3300 HENDERSON BLVD #106	1.3 STREET ADDRESS	3300 HENDERSON BLVD, #106
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	P	2.1 TITLE	SEC.
NAME	DANIEL A SUMMERS	2.2 NAME	AMY E. JOINER
STREET ADDRESS	584 9TH ST SOUTH	2.3 STREET ADDRESS	3300 HENDERSON BLVD #106
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE		3.1 TITLE	Treas.
NAME		3.2 NAME	MICHELLE A. FAULHABER
STREET ADDRESS		3.3 STREET ADDRESS	3300 HENDERSON BLVD #106
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 as an attachment with an address.

SIGNATURE:  CHRISTOPHER J. JOINER 3/5/98 813.876.3300

CR2E034 (10/97)