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Apr 22 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 # **P94000091741 (6)**

1. Corporation Name  
**FINANCIAL DESIGN RESOURCES, INC.**



Principal Place of Business  
**601 POYDRAS STREET  
12TH FLOOR LEGAL DEPT.  
NEW ORLEANS LA 70130**

Mailing Address  
**601 POYDRAS STREET  
12TH FLOOR LEGAL DEPT.  
NEW ORLEANS LA 70130-6029**

3. Date Incorporated or Qualified <b>06/28/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>74-2243335</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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. Country	30. Country

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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	
TITLE	NAME	1.1 TITLE	1.2 NAME
CP	ROBERTS, JOHN K JR.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
601 POYDRAS ST., 28TH FLOOR	NEW ORLEANS LA 70130	2.1 TITLE	2.2 NAME
T	INGLES, LUIS I JR.	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
601 POYDRAS ST., 28TH FLOOR	NEW ORLEANS LA 70130	3.1 TITLE	3.2 NAME
<del>6</del> FORSTER, ROBERT S	<del>601 POYDRAS ST., 12TH FLOOR</del>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<del>601 POYDRAS ST., 12TH FLOOR</del>	<del>NEW ORLEANS LA</del>	4.1 TITLE	4.2 NAME
<del>AS</del> STEEN, WILLIAM T	<del>601 POYDRAS ST., 12TH FLOOR</del>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<del>601 POYDRAS ST., 12TH FLOOR</del>	<del>NEW ORLEANS LA</del>	5.1 TITLE	5.2 NAME
AT	DUPUY, LORY A	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
601 POYDRAS ST., 12TH FLOOR	NEW ORLEANS LA	6.1 TITLE	6.2 NAME
C	LONGAKER, D. GARRY	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
601 POYDRAS ST., 28TH FLOOR	NEW ORLEANS LA 70130		

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 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: **William T. Steen** 4/11/97 (504) 566-3783  
WILLIAM T. STEEN, SECRETARY

CR2E034 (9/96)