

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90125 041 ***150.00

DOCUMENT # P94000091741

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1994

4. FEI Number

74-2243335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	ROBERTS, JOHN K JR.	
STREET ADDRESS	601 POYDRAS ST., 28TH FLOOR	
CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	INGLES, LUIS I JR.	
STREET ADDRESS	601 POYDRAS ST., 28TH FLOOR	
CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEBLANC, SIDNEY	
STREET ADDRESS	601 POYDRAS ST, 28TH FL	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEEN, WILLIAM T	
STREET ADDRESS	601 POYDRAS ST, 12 FL	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DUPUY, LORY A	
STREET ADDRESS	601 POYDRAS ST, 28TH FL	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LONGAKER, D. GARRY	
STREET ADDRESS	601 POYDRAS ST., 28TH FLOOR	
CITY-ST-ZIP	NEW ORLEANS LA 70130	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Louis I. Ingles, Jr., Treasurer

APRIL 29, 1999

(504) 566-3783

Date

Daytime Phone #

CR2E034 (1/98)