2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000029437**

DESIGN EXPRESSIONS, INC.

KRAMER, SCOTT

SUITE 205

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

14155 US HWY ONE

JUNO BEACH FL 33408

9. This corporation is eligible to satisfy its Intangible

YOUNG-ZISKIN, DIANE

ARMSTRONG, KIMBERLY

DELRAY BEACH FL 33445

3007C SAN CLARA DR

110 W VILLAGE WAY

JUPITER FL 33458

Tax filing requirement and elects to do so.

Principal Place of Business Mailing Address W VILLAGE WAY 110 W VILLAGE WAY HIPITER FL 33458 JUPITER FL 33458-7820 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip

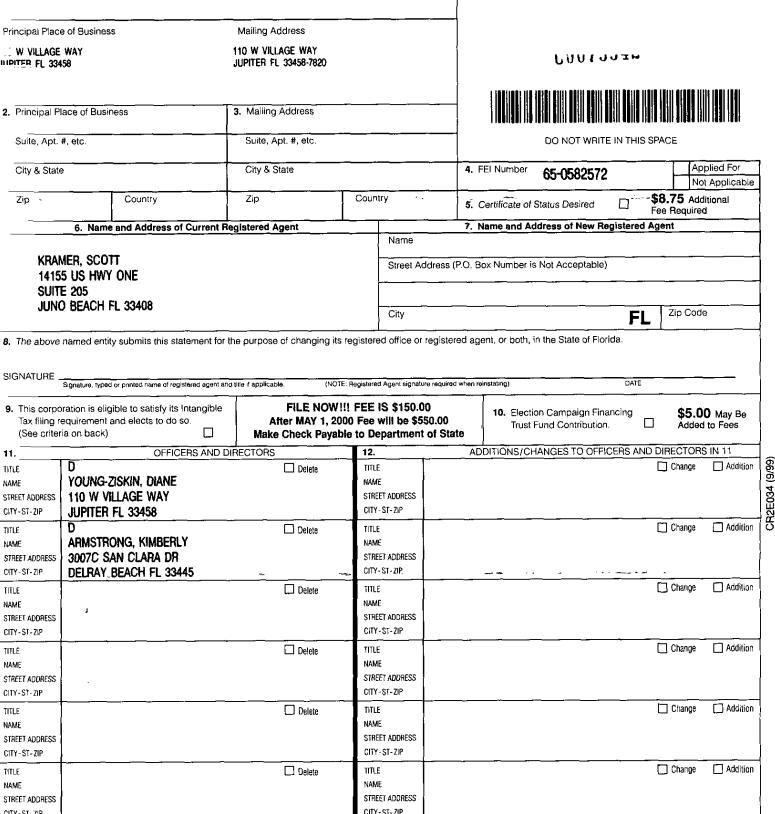
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90120 009 ***150.00



13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-7IP

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SIGNATURE:

OR PRINTED NAME OF SIGNAD OFFICER OR DIRECTOR