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Apr 21 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 # P95000037373 (4)

1. Corporation Name
DESIGNS BY DEBBIE INC.



Principal Place of Business
1485 GEORGIA STREET, NE
PALM BAY FL 32907

Mailing Address
1485 GEORGIA STREET, NE
PALM BAY FL 32907-2569

3. Date Incorporated or Qualified
05/08/1995

3a. Date of Last Report
06/24/1996

2. Principal Place of Business
21 BONN'S FLOWERS & GIFTS
Suite, Apt. #, etc.
22 NA
City & State
23 Palm Bay Fl.
Zip
24 32907

2a. Mailing Address
26 1485 Georgia St. N.E.
Suite, Apt. #, etc.
27 NA
City & State
28 PALM BAY, FL.
Zip
29 32907

4. FEI Number
59-3309517

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACEVEDO, DEBORAH L
1485 GEORGIA STREET, NE
PALM BAY FL 32907

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: Deborah L. Acevedo
Signature typed or printed name of registered agent and title if applicable
Deborah L. Acevedo
(NOTE Registered Agent's signature required when reinstating)
4/10/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ACEVEDO, DEBORAH L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEVEDO, DEBORAH L	1.2 NAME	
STREET ADDRESS	8200 OLD DIXIE HIGHWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	GRANT FL 32949	1.4 CITY - ST - ZIP	
TITLE	D ACEVEDO, VINCENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEVEDO, VINCENT	2.2 NAME	
STREET ADDRESS	8200 OLD DIXIE HIGHWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	GRANT FL 32949	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Deborah L. Acevedo
Signature typed or printed name of signing officer or director
Deborah L. Acevedo
4/10/97
Date
407-676-3633
Daytime Phone #

CR2E034 (9/96)