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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

(904) 5101-10544

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000059630 (0)

NOUVEAU DESIGN, INC.

Principal Place of Business 1415 BROOME STREET TALLAHASSEE FL \$2301		Maiting Ad	Maiting Address				t tonerome tim fordt deint oplit beter doler deine betek betin fotiek detoe tiere odit 1001			
		1415 BROOME STREET TALLAHASSEE FL 32301-4403								
	_						3. Date incorporated or Qualified 08/02/1995	ţ	Date of Last Re	oport
-	Place of Business	2e. Mading	j Address				4. FEI Number			plied For
1		26							t Applicat	
Suite, Apt.	#, etc.	h	Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	ė	27 City &	State		-	-	6. Election Campaign Financing			<u> </u>
3]	-	28	Citico				Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip		Country	у		8. This corporation has liability for			
i]	25	29		30			Florida Statutes	Yes		100.001.
	9. Name and Address of Curre	nt Registered A	gent				10. Name and Address of New I	Registered	Agent	
WH	ITLOCK, ROBBYN D			81	ij	Name				
	5 BROOME STREET					Street Addr	ess (f'.O. Box Number is Not Accept	able)		
	LAHASSEE FL 32301			L	Ĺ					
				83	3					
				84	ı	City			85 Zip (Code
							oration submits this statement for the ion's board of directors. I hereby acc	FL	_ `	
12.	Signature, typed or printed name of registered as OFFICERS AN	ID DIRECTORS		13.		n square equi	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	ID DIRECTOR	S IN 12
TITLE	PVPD OF FICE HS AP	ND DIRECTORS	DELLTE	1.1 101F			ADDITIONS/CHANGES TO OFF	ICERS AN	Change	S IN 12 Addit
NAME	WHITLOCK, ROBBYN D			1,2 NAME						
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NAME	WHITLOCK, CHARLES C			. 22 NAME						
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NAME				6.2 NAME					□ Pilange	Kodii
PERSONAL ADDRESS	ļ			C O PIOCE		ADDDECC.				

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 3 it changed, or off an authoriment with an address