


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

FILED
Jan 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P95000062505 (9) 1. Corporation Name DESIGN ADVISORY, INC. | | | | | |
| Principal Place of Business 204 CHARTER WAY W. PALM BEACH FL 33407 | | | Mailing Address 204 CHARTER WAY W. PALM BEACH FL 33407 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/14/1995 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 65-0606181 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent MURPHY, EUGENE W JR. 340 ROYAL PALM WAY SUITE 100 PALM BEACH FL 33380-4307 | | | 10. Name and Address of New Registered Agent | | |
| 81. Name | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | |
| 83. City | | | 84. 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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE _____ NAME HULSE, JOHN C STREET ADDRESS 455 AUSTRALIAN AVENUE CITY-ST-ZIP PALM BEACH FL 33480 | | | 1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____ | | |
| TITLE _____ NAME HULSE, JOHN C JR. STREET ADDRESS 204 CHARTER WAY CITY-ST-ZIP W. PALM BEACH FL 33407 | | | 2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____ | | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | | | 3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____ | | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | | | 4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____ | | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | | | 5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____ | | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | | | 6.1 TITLE _____ 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.

SIGNATURE: *John C. Hulse Jr.* JOHN C. HULSE JR. 1-18-98

(561) 689-5107

CR2E034 (10/97)