

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION, ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075356 (2)

1. Corporation Name
NAIMISHA DESIGN, INC.

Principal Place of Business
**4243 NORTHLAKE BLVD SUITE D
PALM BEACH GARDENS FL 33410**

Mailing Address
**4243 NORTHLAKE BLVD SUITE D
PALM BEACH GARDENS FL 33410-6276**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1995		3a. Date of Last Report 04/08/1996	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.		4. FEI Number APPLIED FOR 05-0720962		Applied For <input type="checkbox"/> Not Applicable	
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		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAROT, DILIP 4243 NORTHLAKE BLVD SUITE D PALM BEACH GARDENS FL 33410				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAROT, DILIP	1.2 NAME	John F. Weir
STREET ADDRESS	4243 NORTHLAKE BLVD SUITE D	1.3 STREET ADDRESS	4243-D Northlake Blvd.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Timothy P. Wheat
STREET ADDRESS		2.3 STREET ADDRESS	4243-D Northlake Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Anitra D. Lanczi
STREET ADDRESS		3.3 STREET ADDRESS	4243-D Northlake Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Bruce W. Adams
STREET ADDRESS		4.3 STREET ADDRESS	4243-D Northlake Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
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: Dilip Barot 4-25-97 (501) 627-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)