

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000075549 (2)**

1. Corporation Name
DESIGN RAIL, INC.



Principal Place of Business
**6516 SOUTH 78TH STREET
RIVERVIEW FL 33569**

Mailing Address
**6516 SOUTH 78TH STREET
RIVERVIEW FL 33569**

3. Date Incorporated or Qualified **09/27/1995** 3a. Date of Last Report **NEW**

2. Principal Place of Business
21 **6516 SOUTH 78TH STREET**
State, Apt. #, etc. **-**
City, State **RIVERVIEW, FL**
Zip **33569** Country **USA**

2a. Mailing Address
26 **6516 So. 78TH STREET**
State, Apt. #, etc. **-**
City, State **RIVERVIEW, FL**
Zip **33569** Country **USA**

4. FEI Number **59-3336033** 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
**JOHNS, ED
6516 SOUTH 78TH STREET
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent
81 Name **THOMAS JOHNS**
82 Street Address (P.O. Box Number is Not Acceptable) **6516 SOUTH 78TH STREET**
83
84 City **RIVERVIEW** FL 85 Zip Code **33569**

11. Pursuant to the provisions of Sections 607.0509 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent Signature required when registering) DATE **1-19-96**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	EDWARD JOHNS	
STREET ADDRESS	1009 TRANQUILVIEW LANE	
CITY-STATE-ZIP	VALRICO, FL. 33594	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Thomas Johns	
STREET ADDRESS	PO Box 2184	
CITY-STATE-ZIP	Brandon, FL. 33509	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Larry Stephens	
STREET ADDRESS	9508 E. Martin Luther King Blvd.	
CITY-STATE-ZIP	Tampa, FL. 33610	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Al Whitehead	
STREET ADDRESS	509 So. Larry Circle	
CITY-STATE-ZIP	Brandon, FL. 33511	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 **813-671-4441**

CR2E034 (12/95)