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

**PROFIT CORPORATION** ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000078129 (0)

3-D DESIGNS AND CONCEPTS, INC.

Principal Place	e of Business	Mailing Addre	Mailing Address				T LEGILDEN HIG TRIBE CINE COLL BASIN OF	ini <b>nd</b> ini a <b>nda</b> t i	: <b>                                     </b>	10 TATT 1001
932 (AKE DESTINY RD., STE. B ALTAMONTE SPRINGS FL 32714			802 LAKE DESTINY RD., STE. B ALTAMONTE SPRINGS FL 32714-6953							
						3.	Date Incorporated or Qualified 10/06/1995		e of Last R <b>19/1996</b>	eport
2. Principal P	lace of Business	2a. Mailing Ad	dress			4,	FEI Number			plied For
21		26					_ 59-3341660			ot Applicable
Sulte, Apt.	#, etc.	<u>├</u> ~~¬	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75	
22 City & State		[27]	27 City & State			_			Fee Re	<del></del>
23	9	F-¬ -	28			6.	Election Campaign Financing Trust Fund Contribution	<b>r</b> ~1	\$5.00	
Zip	Country	Zip	<del></del>	Country			······································	istansible t	Added t	
24	25	29	30			, b.	This corporation has liability for Florida Statutes		ax under s. No	. 199.032,
= :1	9. Name and Address of Curren			<u>T</u>		10.	Name and Address of New Re		gent	
FRA	INCIS, WARRAND			81	Name					
932 LAKE DESTINY RD., STE. B					Street A	Address (P	O. Box Number is Not Acceptat	blo)		
ALTAMONTE SPRINGS FL 32714				82		iooreas (1.0. Box rumbor is riot riosophusio)				
				83						-
				84	City				85 Zip (	Code
A B. Dural cont	to the manufacture of Continue CO7 Of O	0 and 607 1600 Flo	ride Chat doe d	la alsou				FL		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida, Such cha	inda Statulos, ti ange was autho	ne above prized by	the corp	corporation oration's b	n submits this statement for the p board of directors. I hereby accep	ourpose or c pt the appoi	intment as	registered
	m familiar with, and accept the obliga	ations of, Section 60	7.0505, Florida	Statutes	ò.					1
SIGNATURE	Signature, typod or printed name of registered age	ni and tile il applicable.	(NO1) Red	ristered Ape	int signature r	required when	reinslating)	DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D		DELETE	1.1 WILE	7				Change	Addition
NAME	FRÂNCIS, WARRAND		1	1.2 NAME	]					1:
STREET ADDRESS	932 LAKE DESTINY RD., STE.		l	1.3 \$7REE1	ADDRESS					Į i
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32			1.4 CITY - S	1-ZIP	- <del></del>				
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NAME		حا	1	3.2 NAME	1			L	onango	
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CITY-ST-ZIP				3.4. CITY-1	1					
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NAME			ľ	4. 2 NAME	1					1
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CITY-ST-ZIP			bru rat	54 DITY-S	T- ZIP				Ohans	
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NAME				6.2 NAME	. r. r. <b>n</b> r - z					
STREET ADDRESS			ţ	6.3 STREET	AUDRESS		•			{

14. If 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

4-29-97

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**FILED** 

May 08 1997 8:00am

Secretary of State