

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P96000029338 (6)

1. Corporation Name
SUSY'S DESIGNS & SERVICES, INC.



Principal Place of Business
7777 N WICKMAN RD #12-124
MELBOURNE FL 32940

Mailing Address
7777 N WICKMAN RD #12-124
MELBOURNE FL 32940-7976

3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report
4. FEI Number 59-3373368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7777 N WICKHAM RD Suite, Apt. #, etc. 22 # 12-124 City & State 23 MELBOURNE, FL 32940-7976 Zip 24 25 Country	2a. Mailing Address 26 7777 N WICKHAM RD Suite, Apt. #, etc. 27 # 12-124 City & State 28 MELBOURNE, FL 32940 Zip 29 30 Country
---	---

9. Name and Address of Current Registered Agent

FERGUSON, DAVID B
1010 LIMERICK LANE #A-1
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.2 NAME	Susan Ferguson	
STREET ADDRESS	1.3 STREET ADDRESS	1010 Limerick Lane, #A-1	
CITY - ST - ZIP	1.4 CITY - ST - ZIP	Rockledge, FL 32955	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	V, S, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2.2 NAME	David B. Ferguson	
STREET ADDRESS	2.3 STREET ADDRESS	1010 Limerick Lane, #A-1	
CITY - ST - ZIP	2.4 CITY - ST - ZIP	Rockledge, FL 32955	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY - ST - ZIP	3.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY - ST - ZIP	4.4 CITY - ST - ZIP		
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: David B. Ferguson David B. Ferguson 4/29/97 (407) 639-6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)