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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000052574 (6)

DESIGN SUPPORT CO.

Principal Place	of Business	Mailing Address		
2005 CASA ALC WINTER PARK	DMA WAY FL 82792	2805 CASA ALOMA WAY WINTER PARK FL 32782-22	01	
				3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1996
2. Principal Pl 21	ace of Business	2a. Mailing Address 26		4. FEI Number Applied 59 - 338 5 354 Not App
Suite, Apt. 1	#, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fee
Zip 24	Country 25	Z(p)	Country 30	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes X Yes \(\begin{align*}\) No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
	TH, JASON L		81 Name	
2805 CASA ALOMA WAY WINTER PARK FL 32792			82 Street Add	dress (P.O. Box Number is Not Acceptable)
			83	
			84 City	■ 85 Zip Code
				FL
agent. I ar SIGNATURE	m familiar with, and accept the obt	ligations of, Section 607.0505, Flor	ida Statutes	rporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as regist
agent. I ar SIGNATURE	m familiar with, and accept the obtained symmetric street of registered.	ligations of, Section 607.0505, Flor agent and tile if applicable (NOTE AND DIRECTORS	Ulthorized by the corporation Statutes Registered Agent signature request. 13.	uirbd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
agent. I ar SIGNATURE 12. TITLE	m familiar with, and accept the obtention of registrand of printed name of registrand of PFICERS A	rigations of, Section 607.0505, Flor	Registrated Agent signature requirements at 13.	uirud when mastatag) [M1t
agent. I ar SIGNATURE 12. TITLE NAME	m familiar with, and accept the obtention of registered. OFFICERS A P SMITH, JASON L	ligations of, Section 607.0505, Flor agent and tile if applicable (NOTE AND DIRECTORS	Hespistered Agent signature requirements and the service of the se	uirbs when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
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14. To hereby certify that the information supplied with this filling 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 supplied enter an 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 eccitor 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 infinitechment with an address.