## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 17 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000064936 (3)

STREET ADDRESS

CITY-ST-ZIP

DESIGN	ELEMENTO, INC.				
Principal Plac	e of Business	Malling Address			1110 UIBIL 01016 10166 14468 0141 8061
514 SOUTH ANDREWS AVENUE 514 SOUTH ANDREWS AVE			NUF		
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 3330			-		
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
9 Dringland D	Place of Business	2a. Mailing Address		08/02/1996 4. FEI Number	Applied For
2. Principal P	riace of pusitiess	26 Mailing Address		65-0719822	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	<del></del>	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	641 51	10. Name and Address of New Register	red Agent
LAFONTE, STEVEN			81 Name	-a fonte. Steven	
	7 RODMAN STREET, #308		82 Street Add	Irese (P.O. Box Number is Not Acceptable)	
HOL	LYW <b>O</b> OD FL 33020		1973	3600 Galt Ocea	Nur. Apt3D
			83		İ
			84 City 7	of Landerdele F	L 85 Zip Code
11. Pursuan	t to the provisions of sections 607.08	02 and 607.1508, Florida Statutes	, the above-named corpx	pration submits this statement for the purpose of	f changing its registered
office or	registered agent, or both, in the state	e of Elorida, Such change was au gallons of Section 607,0505, Flor	uthorized by the corporati ida Statutes.	oration submits this statement for the purpose clion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Alwa da	tonle			
CIONATORE		<u>``</u>	E: Registered Agent signature red		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	7-
TITLE	PIOE CALUIE DENIMAN	L DELETE	1.1 TITLE		Change Addition
NAME	RICE, SAMUEL DENHAM 1747 RODMAN ST #108		1.2 NAME		
STREET ADDRESS	HOLLYWOOD FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLIWOOD PL		1.4 CITY-ST-ZIP		
TITLE		L DEL€TE	2.1 TITLE 2.2 NAME		L Change  Addition
NAME OTOEST ADDRESS				•	
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ BELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		L DELETE	3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		[ ] betere	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	]		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	1.1	Change Addition
NAME			6.2 NAME		_ • • — · · · · ·

14. I 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 a must 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 officer or director of the corporation with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP