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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000080011 (5)

DESIGN/DISPLAY, INC.

FILED Apr 16 1997 8:00am Secretary of State



Principal Piace	Of Husiness	Mailing Address		***************************************	. 40.4 60.1. 60.1.	
10348 CARROLL TAMPA FL 3361	LWOOD LANE #184 IB	10348 CARROLLWOOD LAN TAMPA FL 33618-4717	E #184			
				3. Date Incorporated or Qualified 09/25/1996	3a. Date of La	ist Report
2. Principal Pia	ace of Business	2a. Marijing Addiness		4. FEI Number	10-17	Applied For
1 321	2 Moran Ra	26 1. () . DOX Z	-11426	59-34084	5	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	, ,	75 Additional se Required
City & Stafe	Call Taga FL	28 Turpa 4	<u>ر</u>	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
] ²⁰ 33	618 25 USA		Country LSA		Yes No	ier s. 199.032,
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	S, GAYLA		UT ITAMIO	Jane Lees		
•	18 CARROLLWOOD LANE #184		82 Street	ddress (F.O. App Number is Not Acceptal	lle)	
IAMI	PA FL 33618		83	CIO MOTUTE CA	4	
	^		84 City ~	$T_{\alpha}(\Omega)$	FL 85	₹ ¹ 50% 8
I1. Pursuant t	to the d avisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the p	ourpose of changi	ing its registered
office or re	eg stelled agent/or both/inthe/State	of Florida, Such change was au	ithorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acceptance	ot the appointmen	n äs registered
	NVIVA TO TO	La J. Section 607.0303, Flor	ida Statutes.			
IGNATURE :	Signantife, typosic, printed name of regularized age	ant and trie if applicable (NOTE	Registered Agent signature	required when reinstating)	DATE	
2.	OFFICERS AN	,	13.	ADDITIONS/CHANGES TO OFFIC		
TLE.	D	DELETE	1.1 TITLE	D	Cha	inge 📙 Addition
Mí	LEES, GAYLA		1.2 NAME	Texas Gayla B.		
THEET ADDRESS	10348 CARROLLWOOD LANE	# 184	1.3 STREET ADDRESS	3212 Moton Rd 4	Moran)	
17 - S* - 7(P	TAMPA FL 33618		1.4 CITY-ST-ZIP	Tan FL 3361	8	
TLE .		☐ DELETE	2.1 TITLE	U	∐ Cha	ange LJ Addition
AME			2.2 NAME			•
DBEET ADDRESS			2.3 STREET ADDRESS	;		
11 - ST - 71P			2.4 CITY-ST-ZIP			
H(F		[] DELETE	3.1 TOTLE		☐ Cha	ange Addition
AM:			3.2 NAME			
RELEADOEDS			3.3 STREET ADDRESS			
TY - \$1 - 74P		[] onerc	3.4 CITY-ST-ZIP		[] 6.	
ltf.		☐ DELETE	4.1 TITLE		L Cha	inge [_] Addition
AMc			4. 2 NAME			
TREET ADOPESS			4.3 STREET ADORESS			
114 - ST - 20° ITLE		DELETE	5 1 TITLE		Cha	ange Addition
IAME		- Detect	52 NAME			gy Ldoit(OII
AME THEFT ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
DITY ST-ZE			54 CITY-ST-ZIP			
ILLE ILLE		DELETE	61 TITLE		Cha	ange Addition
IAME			62 NAME		—	
TREET ADDRESS			63 STREET ADDRESS			
11Y-ST-71P		_	6.4 CITY+ST-ZIP			
14. I do hereb	by certify that the information supplie	d with this filing does no qualify	for the exemption st	ated in Section 119.07(3)(i), Florida Statute	s. I further certify	that the
informatio Lam an of	on indicated on this annual report or in flicer or director of the corporation of	supplemental annual report is tru r the receiver of trustee empowe	ue and accurate and pred to execute this re	that my signature shall have the same leg- eport as required by Chapter 607, Florida 8	अ effect as if mad Statutes; and that	e under cath; that my name
		r on an attachment with an add		71 -	-	•
~1~*!* *		Marvaga	AIRED	111 ulan 9	13-264-	NUM
SIGNAT	SIGNATURE AND TYPED OF	R MINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	47 M Date 1 DI	Davime Phy	i j TV