

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

FILED

Feb 02 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P96000091893 (3)

1. Corporation Name

SOUTHERN DESIGN COMPANY, INC.

Principal Place of Business

363 SW 33RD AVENUE  
DEERFIELD BEACH FL 33442

Mailing Address

363 SW 33RD AVENUE  
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |                                                                                                                                                              |  |
|--------------------------------|---------------------|---------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>11/08/1996                                                                                                              |  |
| 21                             | Suite, Apt. #, etc. | 25                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0711626                                                                                                                                  |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                     |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                  |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation owns or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

MOORE, DAVID  
5319 NO DIXIE HIGHWAY  
FRT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

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

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

Signature (typed or printed name of registered agent and title if applicable)

(Signature of Registered Agent required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|-------------------------------------------------------|--|
| TITLE                      | VP                 | 11 TITLE                                              |  |
| NAME                       | RUSH, PATRICK      | 12 NAME                                               |  |
| STREET ADDRESS             | 1472 NE 62ND ST    | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | FT LAUDERDALE FL   | 14 CITY-ST-ZIP                                        |  |
| TITLE                      | P                  | 21 TITLE                                              |  |
| NAME                       | GOSNELL, SCOTT     | 22 NAME                                               |  |
| STREET ADDRESS             | 363 SW 33RD AVE    | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | DEERFIELD BEACH FL | 24 CITY-ST-ZIP                                        |  |
| TITLE                      |                    | 31 TITLE                                              |  |
| NAME                       |                    | 32 NAME                                               |  |
| STREET ADDRESS             |                    | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                    | 34 CITY-ST-ZIP                                        |  |
| TITLE                      |                    | 41 TITLE                                              |  |
| NAME                       |                    | 42 NAME                                               |  |
| STREET ADDRESS             |                    | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                    | 44 CITY-ST-ZIP                                        |  |
| TITLE                      |                    | 51 TITLE                                              |  |
| NAME                       |                    | 52 NAME                                               |  |
| STREET ADDRESS             |                    | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                    | 54 CITY-ST-ZIP                                        |  |
| TITLE                      |                    | 61 TITLE                                              |  |
| NAME                       |                    | 62 NAME                                               |  |
| STREET ADDRESS             |                    | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                    | 64 CITY-ST-ZIP                                        |  |

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 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:

*[Signature]* 2/1/98 2552-1805

CR2E034 (10/97)