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Secretary of State

03-22-1999 90060 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000093087

1. Corporation Name
A.B. DESIGN GROUP, INC.

Principal Place of Business
**801 W. STATE ROAD 436
 SUITE 2045
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**801 W. STATE ROAD 436
 SUITE 2045
 ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1996

4. FEI Number
59-3411002

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **481 N. STATE RD. 434**
 Suite, Apt. #, etc.
 22 **SUITE 117**
 City & State
 23 **ALTAMONTE SPRINGS, FL**
 Zip Country
 24 **32714** 25

2a. Mailing Address

26 **481 N. STATE RD. 434**
 Suite, Apt. #, etc.
 27 **SUITE 117**
 City & State
 28 **ALTAMONTE SPRINGS, FL**
 Zip Country
 29 **32714** 30

9. Name and Address of Current Registered Agent

**BUEHLER, AL
 801 W. STATE ROAD 436
 SUITE 2045
 ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name
BUEHLER, AL

82 Street Address (P.O. Box Number is Not Acceptable)
481 N. STATE RD. 434

83 **SUITE 117**

84 City **ALTAMONTE SPRINGS,** 85 Zip Code **FL 32714**

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 **ALBERT BUEHLER - PRESIDENT** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP BUEHLER, AL	1.2 NAME	
STREET ADDRESS	801 W. STATE ROAD 436 SUITE 2045	1.3 STREET ADDRESS	1441 COUNTY RD. 427 N.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV PERDUE, ROSS S.	2.2 NAME	
STREET ADDRESS	128 SHOMATE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DST TELESZ, JAMES P.	3.2 NAME	
STREET ADDRESS	2707 BALKAN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	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 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, with all other like empowered.

SIGNATURE: *Albert Buehler* **ALBERT BUEHLER** 3-21-99 407-774-6078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)