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Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099966 (9)

1. Corporation Name

CUSTOM DESIGN CENTER, INC.



Principal Place of Business
10330 NORTH DALE MABRY HIGHWAY
SUITE 160
TAMPA FL 33618

Mailing Address
10330 NORTH DALE MABRY HIGHWAY
SUITE 160
TAMPA FL 33618-4404

2. Principal Place of Business
21 2005 PAN AM CIRCLE
Suite, Apt. #, etc.
22 500
City & State
23 TAMPA FL
Zip
24 33607 Country
25 HILLSB
26
27
28
29
30

3. Date Incorporated or Qualified
12/09/1996

3a. Date of Last Report

4. FEI Number
59-3373941

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LUSCOMBE, SANDRA
10330 NORTH DALE MABRY HIGHWAY
SUITE 160
TAMPA FL 33618

10. Name and Address of New Registered Agent
81 Name
JUDITH G. COENELUVE
82 Street Address (P.O. Box Number is Not Acceptable)
2005 PAN AM CIRCLE #500
83
84 City
TAMPA FL 85 Zip Code
33607

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 *Judith G. Coeneluve* 4/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	LUSCOMBE, SANDRA	10330 NORTH DALE MABRY HWY, STE 160	TAMPA FL 33618	<input checked="" type="checkbox"/>
D	ANDERSON, KAY	10330 N DALE MABRY HWY, STE 160	TAMPA A 33618	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: *Judith G. Coeneluve* SIGNATURE REQUIRED

4/28/97

813-876-1223

CR2E034 (9/96)