


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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90124 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000002583					
1. Corporation Name DESIGN FORUM, INC.					
Principal Place of Business 1704 REPUBLICA DE CUBA TAMPA FL 33605			Mailing Address 1704 REPUBLICA DE CUBA TAMPA FL 33605		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1997	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-3421128	Applied For Not Applicable
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 owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOLLINGSWORTH, RANDY 802 S PACKWOOD AVE TAMPA FL 33606				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title, if applicable. NOTE: Registered Agent signature required when re-instating.</small>					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	HOLLINGSWORTH, RANDY				
STREET ADDRESS	802 S PACKWOOD AVE				
CITY-ST-ZIP	TAMPA FL 33606				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
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 with an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY HOLLINGSWORTH

3/15/99

813-242-8700

Date

Daytime Phone #

CR2E034 (1/98)