FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Søndra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700004140 (4)

PASSIONPIECE DESIGNS, INC.

Principal Place of Business					Mailing Address						T TABLISEDI IND SORII KODIN ADINI ADINI ADINI BATIN BOTIN DIBON SIDIN DIBIN ADIN ADIN ACOT
16847 122ND DRIVE NORTH				16847 122ND DRIVE NORTH							
JUPITER FL 33478				JUPITER FL 33478						DO NOT WRITE IN THIS SPACE	
											3. Date Incorporated or Qualified
											01/09/1997
2. Principal Place of Business					2a. Mailing Address				-		4 FEI Number
21					26						65-0720627 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
22 Chyll Clafe					27 Crty & State						Fee Required
City & State					28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country				Zip Cour			intry	,		8. This corporation owes or has paid the current year Intangible
24	25			29	29 30			Í			Personal Property Tax due June 30. Yes No
g, Name and Address of Current Reg						_ 					10. Name and Address of New Registered Agent
MC	GRATH, R	OBER	TO .					81	Name		
16847 122ND DRIVE NORTH								82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)
JUPITER FL 33478								83			
						Į.			ļ		
								84	City		FI 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the abo									e-named	corpo	ration 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 is pointed name of registered agent and lete if 12. OFFICERS AND DIRECT									ent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Pres	de		AND DIE	LOTONS.	DELETE	1.1 (TLE	T		Change Addition
1 1				ATH			1.2 N		ľ		
STREET ADDRESS	16847	112	MCGR ZND DR	n-TH 135			1.3 STREET ADDRESS				
CITY-ST-ZIP	JUPI	TE.	R FL	7.5			TY-\$	1-ZIP			
TITLE	JUPITER FL 33478 Secretary DELETE 21TH LINDAM, MOVAY 16847 122 ND DR N 23S							TLE			Change Addition
NAME	LINDA	n	i, mov	AY			2.2 N	AME]		
STREET ADDRESS	16847 122 ND 'DR N 235							REET	ADDRESS		
CITY-ST-ZIP	JUP	ITE	RFL	330	178				ST-ZIP		
TITLE						DELETE	3.1 TI		}		Change Addition
NAME							3.2 N				
STREET ADDRESS									ADDRESS		
CITY-ST-ZIP	, 					DELETE	3.4. C		ST-ZIP		Change Addition
NAME						DELETE	4.11i				Country Caracteristics
STREET ADDRESS									ADDRESS		
CITY-ST-ZIP									T-ZIP		
TITLE						DELETE	5.1 T(Change Addition
NAME							5.2 N	AME]		· —
STREET ADDRESS							5.3 S	REET	ADDRESS		

14. Thereby 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 13 if chapters on an attack-based with an address.

5.4 CHTY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: Office of the state of the state

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Anil 15 (561)7488718

FILED

Apr 24 1998 8:00am

Secretary of State