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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050623

Country

1. Corporation Name

Suite, Apt. #, etc.

City & State

23

24

Zip

D.L.B. DESIGN, INC.

Principal Place of Business	Mailing Address			
1316 GARDEN RD WESTON FL 33326	1316 GARDEN RD WESTON FL 33326			

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29

Name and Address of Current Registered Agent

Zip

Suite, Apt. #, etc.

City & State

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90088 016 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

06/06/1997 4. FEI Number

65-0761013

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

SABRA, RICHARD B 1946 TYLER STREET HOLLYWOOD FL 33022 84 City Weston FL 85 Zip Code 33326 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 biligations of Section 607.0505. Florida Statutes. SIGNATURE Signaturer hydrod or ported name of registered stemt and titls (lippplicable) (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS	AND DIRECTORS	13.		IS/CHANGES	TO OFFICERS AN				
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OT TIP			6.4 CITY-ST-ZIP							

Country

30

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: