


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000054545 (3)

1. Corporation Name
FALLIER DESIGN, INC.

Principal Place of Business 311 S MISSOURI AVE CLEARWATER FL 34616	Mailing Address 311 S MISSOURI AVE CLEARWATER FL 34616
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1997	
21	Suite, Apt. #, etc. 1463 Gulf-to-Bay Blvd.	26	Suite, Apt. #, etc. 1463 Gulf-to-Bay Blvd.	4. FEI Number 59 3457328	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent DAIKER, DUANE 311 S MISSOURI AVE CLEARWATER FL 34616				10. Name and Address of New Registered Agent	
				81 Name Daiker, Duane	
				82 Street Address (P.O. Box Number is Not Acceptable) 1463 Gulf-to-Bay Blvd.	
				83	
				84 City Clearwater	
				FL 85 Zip Code 33755	

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  Duane A. Daiker 01-15-98
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D			1.1 TITLE			
NAME	FALLIER, THOMAS R			1.2 NAME			
STREET ADDRESS	6051 6TH AVE N			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33710			1.4 CITY-ST-ZIP			
TITLE	D			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURWELL, ROBERT A JR			2.2 NAME			
STREET ADDRESS	845 BAY ESPANADE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33767			2.4 CITY-ST-ZIP			
TITLE	D			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAUGHN, CHRISTOPHER A			3.2 NAME			
STREET ADDRESS	1020 43RD ST N			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33713			3.4 CITY-ST-ZIP			
TITLE				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				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				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.

SIGNATURE:  ROBERT A. BURWELL JR. 1/28/98 (813) 442-7513
Date Daytime Phone # 0396495

CR2E034 (10/97)