

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90020 013 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000101467

1. Corporation Name  
**DESIGNS BY DARLENE, INC.**



Principal Place of Business 3969 JOE ROAD GREEN ACRES FL 33463 JS	Mailing Address 3969 JOE ROAD GREEN ACRES FL 33463 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/02/1997</b>	
4. FEI Number <b>65-0797201</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GERSON, GARY N 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

I, 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE _____	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME REET ADDRESS Y-ST-ZIP	<b>D</b> <b>BARTLETT, DARLENE</b> <b>902 TIMBERLANE CIRCLE</b> <b>GREEN ACRES FL 33463</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<b>D</b> <b>BARTLETT, JOE</b> <b>902-TIMBERLANE CIRCLE</b> <b>GREEN ACRES FL 33463</b> <input type="checkbox"/> DELETE	1.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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: *Darlene T. Bartlett* **DARLENE T. BARTLETT** 7/2/99 561-963-8110  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)