


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90074 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000022730

1. Corporation Name
LETTERING DESIGN GROUP, INC.



Principal Place of Business 6020 SOUTH 2ND ST. TAMPA FL 33611	Mailing Address P.O. BOX 18412 TAMPA FL 33679
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 03/09/1998	
21	3105 W. AZEEL ST.	26		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State TAMPA, FL		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	33609	25	USA		
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SULL, CHARLES I 3825 HENDERSON BLVD., STE. 400B TAMPA FL 33629				81	Name CHARLES I. SULL		
				82	Street Address (P.O. Box Number is Not Acceptable) 3105 W. AZEEL ST.		
				83			
				84	City TAMPA	FL	85 Zip Code 33609

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULL, CHARLES I			1.2 NAME			
STREET ADDRESS	6020 SOUTH 2ND ST.			1.3 STREET ADDRESS	3105 W. AZEEL ST.		
CITY-ST-ZIP	TAMPA FL 33611			1.4 CITY-ST-ZIP	TAMPA, FL 33609		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULL, MICHAEL R			2.2 NAME			
STREET ADDRESS	6020 SOUTH 2ND ST.			2.3 STREET ADDRESS	3105 W. AZEEL ST.		
CITY-ST-ZIP	TAMPA FL 33611			2.4 CITY-ST-ZIP	TAMPA, FL 33609		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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, with all other like empowered.

SIGNATURE: _____ Date: 3/13/99 Daytime Phone #: BR 999 0600

CR2E034 (11/98)