PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000105496

THE DESIGNERS GROUP U.S. AND CANADA INC.

FILED

Sep 17, 1999 8:00 am

Secretary of State

09-17-1999 90002 028 ***550.00

Principal Place of Business Mailing Address 636 SIESTA KEY CIRCLE 636 SIESTA KEY CIRCLE #2915 DEERFIELD BEACH FL 33441 DO NOT WRITE IN THIS SPACE DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 12/21/1998 4. FEI Number (EIN) Applied For 2. Principal Place of Business Mailing Address accue **as** Not Applicable 45 abour 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Žip Country Intangible Personal Property. Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent laners Group PERLMAN, SHELLY Street Address (P.O. Box Nulaber, is Not Acceptable 82 636 SIESTACKEY CIRCLE 83 DEERFIELD BEACH FL-33441 84 City Pursuant to the provisions of sections 607,9502 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.

NATURE

NATURE SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE TITLE DELETE PERLMAN, SHELLY 1.2 NAME NAME 636 SIESTAKEY CIRCLE 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-Z#P CITY-ST-ZIP Addition DELETE 3.1 TITLE ___ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change TITLE DELETE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE Change Addition TITLE DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZiP CITY-ST-ZIF 6.1 TITLE Change Addition TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changin, or or an affactment with an address.

SIGNATURE: