

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Methman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S73350** (8)

1. Corporation Name  
**CONTRACT DESIGN SOLUTIONS, INC.**



Principal Place of Business: **13330 SW 81 STREET MIAMI FL 33183**  
Mailing Address: **13330 SW 81 STREET MIAMI FL 33183**

2. Principal Place of Business: **21 5541 HAWKES BLUFF AVE**  
22 City, State: **23 DAVIE, FL**  
24 Zip: **33331** 25 Country: **USA**  
26 Mailing Address: **26 5541 HAWKES BLUFF AVE**  
27 City, State: **28 DAVIE, FL**  
29 Zip: **33331** 30 Country:

3. Date Incorporated or Qualified: **08/12/1991** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0278921**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **GOLD, SHARON 13330 SW 81 STREET MIAMI FL 33183**  
10. Name and Address of New Registered Agent: **81 Name: GOLD, SHARON 82 Street Address: 5541 HAWKES BLUFF AVE 83 City: DAVIE FL 85 Zip Code: 33331**

11. Pursuant to the provisions of Sections 607.0503 and 607.1503 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]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1. TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GOLD, SHARON</b>		2. NAME: <b>GOLD, SHARON</b>	
STREET ADDRESS: <b>13330 S.W. 81 STREET</b>		3. STREET ADDRESS: <b>5541 HAWKES BLUFF AVE</b>	
CITY, ST, ZIP: <b>MIAMI FL</b>		4. CITY, ST, ZIP: <b>DAVIE, FL 33331</b>	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME:	
STREET ADDRESS:		7. STREET ADDRESS:	
CITY, ST, ZIP:		8. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY, ST, ZIP:		12. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY, ST, ZIP:		16. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY, ST, ZIP:		20. CITY, ST, ZIP:	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **SHARON GOLD** 1/26/96 954-680-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)