

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JAMES B. MATHIAS  
GOVERNOR  
J. MICHAEL MANN  
COMMISSIONER

APPROVED  
JMS  
JMS

9:37

DOCUMENT # V13178

(1)

DESIGNED SURFACE TECHNOLOGIES INC.

DESIGNED SURFACE TECHNOLOGIES INC.  
WEST PALM BEACH, FLORIDA

1547 N. FL. MANGO ROAD  
B-12/UNIT 15  
WEST PALM BEACH FL 33480

1547 N. FL. MANGO ROAD  
B-12/UNIT 15  
WEST PALM BEACH FL 33480

|                                                                                   |                                                          |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date incorporated or organized                                                 | 3b. Date of last report                                  |
| 02/10/1992                                                                        | 04/13/1994                                               |
| 4. FID Number                                                                     | Applied For<br>Not Applicable                            |
| 65-0335431                                                                        |                                                          |
| 5. Certificate of Status Expires                                                  | \$8.75 Additional<br>Fee Required                        |
|                                                                                   |                                                          |
| 6. Election Campaign Financing<br>Trust Fund Contribution                         | \$5.00 May Be<br>Added to Fees                           |
|                                                                                   |                                                          |
| 7. Does corporation have liability for corporation tax under the Florida Statutes | Yes <input type="checkbox"/> No <input type="checkbox"/> |

|                               |                              |
|-------------------------------|------------------------------|
| 2. Designated Agent Signature | 2a. Designated Agent Address |
| 21. Subj. App. #              | 26. Subj. App. #             |
| 22. City & State              | 27. City & State             |
| 23. City & State              | 28. City & State             |
| 24. City & State              | 29. City & State             |
| 25. City & State              | 30. City & State             |

9. Name and Address of Current Registered Agent

GREENE, WILLIAM H.  
239 PENDLETON AVENUE  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

|                                                           |              |
|-----------------------------------------------------------|--------------|
| 81. Name                                                  | 85. Zip Code |
| 82. Street Address (if P.O. Box Number is Not Acceptable) |              |
| 83. City & State                                          |              |
| 84. City                                                  |              |

11. Pursuant to the provisions of the laws of the State of Florida, I, the undersigned, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office of residence report on file in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of said corporation with jurisdiction throughout the State of Florida.

SIGNATURE

|                                                                                     |                                                        |
|-------------------------------------------------------------------------------------|--------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                          | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME<br>P<br>GREENE, WILLIAM H.<br>239 PENDLETON AVENUE<br>PALM BEACH FL 33480      | 1. NAME<br>2. STREET ADDRESS<br>3. CITY & STATE        |
| NAME<br>VP<br>TUCCIARONE, TIMOTHY<br>1112 FERNLEA DRIVE<br>WEST PALM BEACH FL 33417 | 4. NAME<br>5. STREET ADDRESS<br>6. CITY & STATE        |
| NAME<br>ST<br>GREENE, ELIZABETH L.<br>239 PENDLETON AVENUE<br>PALM BEACH FL 33480   | 7. NAME<br>8. STREET ADDRESS<br>9. CITY & STATE        |
| NAME<br>VP<br>FREDERICK A. PRASLEV<br>8612 S.W. 19TH AV.<br>STUART, FL. 34997       | 10. NAME<br>11. STREET ADDRESS<br>12. CITY & STATE     |
| NAME<br>13. STREET ADDRESS<br>14. CITY & STATE                                      | 13. NAME<br>14. STREET ADDRESS<br>15. CITY & STATE     |
| NAME<br>16. STREET ADDRESS<br>17. CITY & STATE                                      | 16. NAME<br>17. STREET ADDRESS<br>18. CITY & STATE     |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation related to the laws of the State of Florida. I further certify that the information submitted in this annual report is supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that my signature shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that my signature shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William H. Greene

PRES.

5/1/95 407-697-8922