

FILE NOW: FILING FEE AFTER MAY 1ST IS \$10.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # V38441 (4)
 1. Corporation Name
DESIGNS BY DELANO, INC.

Principal Place of Business Mailing Address

**1850 NW 21ST ST.
 POMPANO BCH. FL 33069
 US** **1850 NW 21ST ST.
 POMPANO BEACH FL 33069
 US**

21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt #, etc.		Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**DULANO, MICHAEL
 1850 NW 21ST ST.
 POMPANO BCH. FL 33069**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office of 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANO, MICHAEL	2. NAME	
STREET ADDRESS	1850 NW 21ST ST	3. STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2. NAME	
STREET ADDRESS		2.3. STREET ADDRESS	
CITY - ST - ZIP		2.4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 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. 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. 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. 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. 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: _____

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1992

4. FEI Number
65-0326631 Applied For Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** **85. Zip Code**

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. 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.

CR2E034 (10/97)

Michael Dulano 4/5/98 960 21944