FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 20 1998 8:00am Secretary of State

	MENT # V5148 DESIGN GROUP INC.	34 (6)			
Principal Plac	ce of Business	Mailing Address	<u>`</u>		
1408 N. KILI	LIAN DR.	1408 N. KILLIAN DR.		1	
SUITE 205	-	SUITE 205			
LAKE PARK FL 33403 US		LAKE PARK FL 33403 US		DO NOT WRITE IN THIS SPACE	
03		US		3. Date Incorporated or Quatified	
2 Principal F	Place of Business	2a, Mailing Address		07/17/1992 4. FEI Number	T-14 "
21	Add of Eddinodd	26		65-0393561	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	·	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25 25 Name and Address of Curre	29	30	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No
Di	JBOIS, JAMES	in negistaten wägitt	81 Name	10, Name and Address of New Registr	ered Agent
	H-NORTHLAKE BLVD"				
OUITE 200			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
-41-	PALM REACH FL 22400+		83		······································
• • • • • • • • • • • • • • • • • • • •	Constant of	X			
	Same as alt	WE	84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statu	ules, the above-named co	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered
office or i	registered agent, or both, in the State am familiar with, and account the object.	e of Florida. Such change was pations of Section 607.0505.F	authorized by the corpo	ration's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	mill !!	۷۱	w resid	ent	1/7/97
OIGH CTOTIL	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·	DTE: Registered Agent signature re		ATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DUBOIS, JIM	☐ DELETE	1.1 TITLE	resident	Change Addition
NAME	1201 U.S. HWY 1 ,STE 30		1.2 NAME	DuBors, Marte 1408 Killian Dr. North 6	ande 205
STREET ADDRESS	N. PALM BEACH FL			HOS KILLIAN DE TOUR	1000
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Lake fave, El. 33	Change Addition
NAME	DUBOIS, MARIE	C Dictio		lice plesident	Change
STREET ADDRESS	1201 U.S. HWY 1 ,STE 30		2.3 STREET ADDRESS	Durois, James 408 Killun Dr. North S	ude 205
CITY-ST-ZIP	N. PALM BEACH FL		2.4 CITY-ST-ZIP	Lake Dade. 51. 3340	~
TITLE		DELETE	3.1 TITLE	1200 12 10 20 40	Change Addition
NAME			3.2 NAME		_ ,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Douter	5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 THILE		Change 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, of on an attachment with an address.