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

	MENT # V50 FORD & COMPANY D	3809 (2) DESIGN GROUP, INC.			
Principal Plac	ce of Business	Mailing Address			ATA TARAH ORTUK OKON DIRIK HUDI
1010 BW 22	END TERRACE	1010 S.W. 22ND TERRAC	E		
CAPE CORAL FL 33919		CAPE CORAL FL 33919	L		
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		07/24/1992 4. FEI Number	Applied For
21		26		65-0351442	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
		of Current Registered Agent		10. Name and Address of New Registere	d Agent
	rner, steven		81 Name		
	10 S.W. 22ND TERRACE		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
L'A	PE CORAL FL 33919		83		
			84 City	F	85 Zip Code
11. Pursuant office or r	to the provisions of Sections registered agent, or both, in	s 607.0502 and 607.1508, Florida Statute the 8late of Torida, Such change was a	es, the above-named cor authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the all	of changing its registered appointment as registered
SIGNATURE	Mary C	Turker.	Registered Agent signature requ	5 0/3	21/98
12.	OFFI	CLRS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P ()	DELETE	1.1 TALE		☐ Change ☐ Addition
NAME	TURNER, MARY G.		1.2 NAME		
STREET ADDRESS	1010 S.W. 22ND TER	RRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TiTLE		Change Addition
NAME	TURNER, STEVEN B.		2.2 NAME		
STREET ADDRESS	1010 SW 22ND TERF CAPE CORAL FL	ACE	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CAPE CURAL FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	P	Change Addition
NAME		_ OK.CIL	3.2 NAME		T outdo T varient
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	• .	DELETE	4.1 TITLE		Change Addition
NAME	'		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
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 TITLE		DELETE	5.4 CITY - S1 - ZIP		Change Addition
NAME		☐ OELEIE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-SY-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 in on an attachment with an address.

FILED

May 06 1998 8:00am

Secretary of State