

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V55966** (8)
1. Corporation Name
DESIGN 940, INC.

Principal Place of Business 940 CLEARWATER - LARGO ROAD SUITE 104 LARGO FL 34640	Mailing Address 940 CLEARWATER - LARGO ROAD SUITE 104 LARGO FL 33770-4107
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3. Date Incorporated or Qualified 08/04/1992	3a. Date of Last Report 02/20/1996
4. FEI Number 59-3161025	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 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
**JENNINGS, WILLIAM L.
1822 DREW STREET
SUITE 8
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent
81. Name JENNINGS, C MICHELLE
82. Street Address (P.O. Box Number is Not Acceptable) 940 CLEARWATER - LARGO ROAD
83. SUITE 104
84. City LARGO
85. Zip Code FL 33770

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 **C. MICHELLE JENNINGS** *C. Michelle Jennings* **4/14/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	OLSEN, GAIL
STREET ADDRESS	940 CLEARWATER-LARGO ROAD, #104
CITY-ST-ZIP	LARGO FL 34640
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	PASQUALONE, DAWN
STREET ADDRESS	940 CLEARWATER-LARGO ROAD, #104
CITY-ST-ZIP	LARGO FL 34640
TITLE	VD <input type="checkbox"/> DELETE
NAME	JENNINGS, C. MICHELLE
STREET ADDRESS	940 CLEARWATER-LARGO ROAD, #104
CITY-ST-ZIP	LARGO FL 34640
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERTS, JANA
1.3 STREET ADDRESS	940 CLEARWATER-LARGO ROAD #104
1.4 CITY-ST-ZIP	LARGO, FL 33770
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEAN ALLI
2.3 STREET ADDRESS	940 CLEARWATER-LARGO ROAD #104
2.4 CITY-ST-ZIP	LARGO, FL 33770
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JENNINGS, C. MICHELLE
3.3 STREET ADDRESS	940 CLEARWATER-LARGO ROAD #104
3.4 CITY-ST-ZIP	33770 LARGO, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: *Jana Lee Roberts* **4/14/97** **813-539-0038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0379085

CR2E034 (9/96)