FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:38

DOCUMENT # V56136 (7)

1. Corporation Name
DESIGNS BY MEMORIE, INC.

Principal Place of Business	Mailing Address
6520 N. OCEAN BLVD. STE. #2 OCEAN RIDGE FL 33435 DG	6520 N. OCEAN BLVD. STE. #2 OCEAN RIDGE FL 33435 DG

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1120 N. ATLANTIC DR.
Suite, Apt. #, etc. 22:
City & State 23: LANTANA, FLORIDA
Zip 24: 33462 Country 25: U.S.A.

2a. Mailing Address
26: 1120 N. ATLANTIC DR.
Suite, Apt. #, etc. 27:
City & State 28: LANTANA, FLORIDA
Zip 29: 33462 Country 30: U.S.A.

4. FEI Number: 65-0349701 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WADSWORTH, MEMORIE
6520 N. OCEAN BLVD.
STE. #2
OCEAN RIDGE FL 33435

10. Name and Address of New Registered Agent

81 Name: MEMORIE WADSWORTH
82 Street Address (P.O. Box Number is Not Acceptable): 1120 N. ATLANTIC DR.
83:
84 City: LANTANA FL 85 Zip Code: 33462

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WADSWORTH, MEMORIE	1.2 NAME	WADSWORTH, MEMORIE	
STREET ADDRESS	6520 N. OCEAN BLVD., #2	1.3 STREET ADDRESS	1120 N. ATLANTIC DR.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	1.4 CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	2.1 TITLE	D.	☒ Change ☐ Addition
NAME	WADSWORTH, ALBERT	2.2 NAME	WADSWORTH, ALBERT	
STREET ADDRESS	6520 N. OCEAN BLVD., #2	2.3 STREET ADDRESS	1120 N. ATLANTIC DR.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	2.4 CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 1/30/95 (401)582-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0203817 CR