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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 475504

(7)

Mailing Address

DECORATIVE DIMENSIONS, INC.

FILED Jan 30 1997 8:00am Secretary of State

<del>(561)</del> <del>833-4611</del>

	L BARA FARAL BABA	

	A. CALLAS & SCHILLINGS ILM WAY. POB 2715 FL 33480	C/O MENDOZA, CALLAS 8: 251 ROYAL PALM WAY, POI PALM BEACH FL 33480-4302	B 2715	ıs		3. Date Incorporated or Qualified	3a. Date o	of Last R	eport
						05/06/1975	04/16/		<b>'</b> .
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		, ,	oplied For
21		26				59-1594641	***************************************	No	ot Applicable
Suite. Apt. 4		Suite, Apt. #, etc.				5. Certificate of Status Desired	5	<b>8.75</b> / Fee Re	Additional equired
City & State	3	City & State	- <del></del> 1 ′		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	 У		8. This corporation has liability for in			
24	25	29 3	ю			· · · · · · · · · · · · · · · · · · ·	Yes D		
	9. Name and Address of Curren					10. Name and Address of New Regis	stered Age	ent	
MEN	NDOZA, CALLAS & SCHILLING		81	ıŢ ı	Name				
251 ROYAL PALM WAY			. <b>82</b> Stree		Street Ac	ddress (P.O. Box Number is Not Acceptable)	)	······································	
PALI	M BCH. FL 33480		83	3				<del> </del>	
			84	\$	City		FL <sup>8</sup>	<b>35</b> Zip (	Code
41 Dureuppt i	to the proviouse of Spetione 607 050	2 and 607 1508 Florida Statutos	the adv	1	named o	orporation submits this statement for the pur		enging II	n registered
office or re agent I ar	egistered agent, or both, in the State in familiar with, and accept the obliga-	of Florida. Such change was auf	ithorized b	ov ti	he corpo	oration's board of directors. I hereby accept t	the appoint	iment as	registered
SIGNATURE	Signaturn, typed or printed name of registered age		Fingistered Aç	gent	signature re	equired when reinstating)	DATE	***************************************	
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFICER			
TITLE	PTS	L_] DELETE	1.1 TITLE		-		ليا	Change	Addition
NAME	MIOTTO, LILLIAN B.		1.2 NAME						
STREET ADDRESS	251 ROYAL PALM WAY		1.3 STREE	ET AL	DDRESS				
CITY - S1 - ZIP	PALM BCH. FL		1.4 C(TY-		ZIP				· · · · · · · · · · · · · · · · · · ·
TITLE	VP	☐ DELETE	2.1 TITLE				Ш	Change	Addition
NAME	PETERS, RUTH A.		2.2 NAME						
STREET ADDRESS	251 ROYAL PALM WAY		2.3 STREE		- 1				
CITY - ST - 7IP	PALM BCH. FL	DELETE	2 4 CITY-		- ZIP			Chago	Addition
TITLE	D DIOTTO LILLIAND	T") DETEIR	3 1 TITLE		-		لسبا	] Change	L Addition
NAME	MIOTTO, LILLIAN B.		3.2 NAME						
STREET ADDRESS	251 ROYAL PALM WAY PALM BCH. FL		3 3 STREE		1				
CITY-ST-ZIP TITLE	PALM DUTI. FL	DELETE	3.4. CITY-		-ZIP			Change	Addition
1	I		4 1 111LE		}		_	) Unango	Lad Control
NAME PARCET ADDRESS	l				PPRESE				
STREET ADDRESS	I		4.3 STREE		- 1				
THILE		☐ DELETE	51 TITLE		Z# -			Change	☐ Addition
NAME	I		52 NAME					,	
STREET ADDRESS	ı		53 STREE		innerss				
CITY-SI-7IP			5.4 CITY-		· · · · · · · · · · · · · · · · · · ·				
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE		INDRESS				
CITY-ST-ZIP			6.4 CITY -						
14. I do here	by certify that the information supplie	d with this filing does not qualify	for the ex	œm	nption sta	ated in Section 119.07(3)(i), Florida Statutes.	I further ce	ertify that	the
informatic Lam an o appears i	or indicated on this annual report or s officer or director of the dorostation or in Block 12 or Block 13 if changed to	upplemental an Jual feport is tru the receiver of trustee impower yon an attachment wild an addre	ie and acc red to exe res	oura Cui	ate and t te this re	ated in Section 119.07(3)(i), Florida Statutes. that my signature shall have the same legal opport as required by Chapter 607, Florida Sta	affect as it i tutes, and	made un that my r	.der oath; thai name