

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

**FILED**

**May 13 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 475504 (7)**  
1. Corporation Name  
**DECORATIVE DIMENSIONS, INC.**



Principal Place of Business Mailing Address  
~~C/O MENDOZA, CALLAS & SCHILLINGS~~ ~~C/O MENDOZA, CALLAS & SCHILLINGS~~  
~~251 ROYAL PALM WAY, POB 2715~~ ~~251 ROYAL PALM WAY, POB 2715~~  
~~PALM BEACH FL 33480~~ ~~PALM BEACH FL 33480~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 926-26th Street		05/06/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1594641	
City & State		City & State		Applied For	
23		28 West Palm Beach, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29 33407		30 Palm Beach	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29 33407		30 Palm Beach	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29 33407		30 Palm Beach	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY PALM BCH. FL 33480				81 Name William A. Fleck, Esq.			
				82 Street Address (P.O. Box Number is Not Acceptable) Kramer, Ali, Fleck & Carothers			
				83 6650 West Indiantown Road, Suite 200			
				84 City Jupiter FL 85 Zip Code 33458			

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 *William A. Fleck* William A. Fleck, Esq. DATE 4-9-98

Signature, type 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	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIOTTO, LILLIAN B.	12 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	1.3 STREET ADDRESS	926 26th Street
CITY-ST-ZIP	PALM BCH. FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, RUTH A.	2.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	2.3 STREET ADDRESS	926 26th Street
CITY-ST-ZIP	PALM BCH. FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIOTTO, LILLIAN B.	3.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	3.3 STREET ADDRESS	926 26th Street
CITY-ST-ZIP	PALM BCH. FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* DATE 4-10-98

CR2E034 (10/97)