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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90258 030 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 475504

1. Corporation Name
DECORATIVE DIMENSIONS, INC.



Principal Place of Business 926 26TH ST 251 ROYAL PALM WAY, POB 2715 WPB FL 33407 US	Mailing Address 926 26TH ST 251 ROYAL PALM WAY, POB 2715 WPB FL 33407 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 926 26th Street Suite, Apt. #, etc. 22 City & State 23 West Palm Beach Zip 24 33407	2a. Mailing Address 26 926 26th Street Suite, Apt. #, etc. 27 City & State 28 West Palm Beach Zip 29 33407	Country 25 Palm Beach 30 Palm Beach
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3. Date Incorporated or Qualified 05/06/1975	4. FEI Number 59-1594641	Applied For Not Applicable
5. 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
FLECK, W A
6650 WEST INDIANTOWN RD
STE 200
JUPITER FL 33458

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	MIOTTO, LILLIAN B.	
STREET ADDRESS	926 26TH ST	
CITY-ST-ZIP	WPB FL 33407	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETERS, RUTH A.	
STREET ADDRESS	926 26TH ST	
CITY-ST-ZIP	WPB FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIOTTO, LILLIAN B.	
STREET ADDRESS	926 26TH ST	
CITY-ST-ZIP	WPB FL 33407	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other I am empowered.

SIGNATURE: Lillian B. Miotto 2/20/99 (561)832-5511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Lillian Miotto, President Daytime Phone #

CR2E034 (1/98)