

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J52140** (7)
1. Corporation Name
ART & DECOR, INC.



Principal Place of Business

~~11804 SW 47TH CT
COOPER CITY FL 33330
US~~

Mailing Address

~~11804 SW 47TH CT
COOPER CITY FL 33330
US~~

2. Principal Place of Business

2a. Mailing Address

21 10278 S.W. 56th Street
Suite, Apt. #, etc.

26 10278 S.W. 56th Street
Suite, Apt. #, etc.

22 Cooper City
City & State

27 Cooper City
City & State

23 Florida
Country

28 Florida
Country

24 33328 25 Broward
Zip Country

29 33328 30 Broward
Zip Country

9. Name and Address of Current Registered Agent

SIDES, GAYLE
~~11804 S W 47TH COURT
COOPER CITY FL 33330~~

3. Date Incorporated or Qualified
01/15/1987

3a. Date of Last Report
04/25/1995

4. FLE Number
59-2769020

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 anti-gift tax under s. 190.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10278 S.W. 56th Street

83

Cooper City

84

City

FL

85

Zip Code

33328

11. Pursuant to the provisions of Sections 607.0200 and 607.1500, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0005, Florida Statutes.

SIGNATURE **Gayle Sides, President**

April 8, 1996

12. OFFICERS AND DIRECTORS

11	NAME	P SIDES, GAYLE E.	<input type="checkbox"/> DELETE
12	STREET ADDRESS	11804 S.W. 47TH COURT	
13	CITY-ST-ZIP	COOPER CITY FL	
14	NAME		<input type="checkbox"/> DELETE
15	STREET ADDRESS		
16	CITY-ST-ZIP		
17	NAME		<input type="checkbox"/> DELETE
18	STREET ADDRESS		
19	CITY-ST-ZIP		
20	NAME		<input type="checkbox"/> DELETE
21	STREET ADDRESS		
22	CITY-ST-ZIP		
23	NAME		<input type="checkbox"/> DELETE
24	STREET ADDRESS		
25	CITY-ST-ZIP		

13.

11	NAME	
12	STREET ADDRESS	
13	CITY-ST-ZIP	
14	NAME	
15	STREET ADDRESS	
16	CITY-ST-ZIP	
17	NAME	
18	STREET ADDRESS	
19	CITY-ST-ZIP	
20	NAME	
21	STREET ADDRESS	
22	CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12	STREET ADDRESS	Gayle E. Sides	
13	CITY-ST-ZIP	10278 S.W. 56th Street	
14	NAME	Cooper City, Fl. 33328	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	STREET ADDRESS		
17	CITY-ST-ZIP		
18	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	STREET ADDRESS		
20	CITY-ST-ZIP		
21	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	STREET ADDRESS		
23	CITY-ST-ZIP		

14. I do hereby certify that the information reported by this filing is voluntarily furnished and true and correct to the best of my knowledge in accordance with Section 119.02(4)(k), Florida Statutes. I further certify that the information included on this filing is correct and complete 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 registered agent; and that I consent to the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with initials.

SIGNATURE: *Gayle Sides*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1996 954-929-0997

CR2E034 (12/95)