

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

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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J52140 (7)

1. Corporation Name
ART & DECOR, INC.



Principal Place of Business 10270 S.W. 50TH STREET COOPER CITY FL 33328 US	Mailing Address 10270 S.W. 50TH STREET COOPER CITY FL 33328 0503 US
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3. Date Incorporated or Qualified 01/15/1987	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21 240 S.W. 3rd. Place Suite, Apt. #, etc.	2a. Mailing Address 26 240 S.W. 3rd. Place Suite, Apt. #, etc.
22 City & State Dania, Fla.	27 City & State Dania, Fla.
23 Zip 33004	25 Country U.S.A.
24 33004	29 33004
25 U.S.A.	30 U.S.A.

4. FEI Number 59-2769020	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SIDES, GAYLE
~~10270 S.W. 50TH STREET~~
~~COOPER CITY FL 33328~~

10. Name and Address of New Registered Agent

81 Name **Sides, Gayle E.**

82 Street Address (P.O. Box Number is Not Acceptable)
240 S.W. 3rd. Place

83

84 City **Dania** FL 85 Zip Code **33004**

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 *Sides Gayle E. Sides - President* DATE **April 21, 1997**

Signature, typed or printed name of registered agent and title if applicable (NCTI - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	SIDES, GAYLE E.	
STREET ADDRESS	10270 S.W. 50TH STREET	
CITY - ST - ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Sides, Gayle E.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	240 S.W. 3rd. Place		
1.3 STREET ADDRESS	Dania, FL 33004		
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 *Sides Gayle E. Sides - President* DATE **April 21, 1997**

CP2E034 (9/96)