

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K22979** (4)

1. Corporation Name  
**VERTICALS & PATIO DECOR, INC.**



Principal Place of Business: 1091 NE PINE ISLAND RD CAPE CORAL FL 33909  
Mailing Address: 1091 NE PINE ISLAND RD CAPE CORAL FL 33909

3. Date Incorporated or Qualified: 06/01/1988  
3a. Date of Last Report: 03/30/1995  
4. FEI Number: 65-0053035  
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 intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 1091 NE PINE IS RD  
22 City & State: 23 CAPE CORAL, FLA  
24 Zip: 33904  
25 Country: LEE  
26 1091 NE PINE IS RD  
27 City & State: 28 CAPE CORAL FLA  
29 Zip: 33904  
30 Country: LEE

9. Name and Address of Current Registered Agent

RIZZICO, DAVID P.  
1091 NE PINE ISLAND RD  
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

Signature: Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DA's

12. OFFICERS AND DIRECTORS

1. TITLE: PD  
2. NAME: RIZZICO, DAVID P.  
3. STREET ADDRESS: 326 SE 32 ST  
4. CITY-ST-ZIP: CAPE CORAL FL  
5. TITLE: STD  
6. NAME: SMITH, CHERYL LYNN  
7. STREET ADDRESS: 194 BROADWAY  
8. CITY-ST-ZIP: WAKEFIELD MA  
9. TITLE:  DELETE  
10. NAME:  DELETE  
11. STREET ADDRESS:  DELETE  
12. CITY-ST-ZIP:  DELETE  
13. NAME:  DELETE  
14. STREET ADDRESS:  DELETE  
15. CITY-ST-ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
5. TITLE:  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE:  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE:  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP  
17. TITLE:  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David Rizzico*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 1-944-772-4056  
Date Daytime Phone #

CR2E034 (12/95)