

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0097103

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 30 AUG 12 AM 9:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # K22979
 1. Corporation Name
VERTICALS & PATIO DECOR, INC.

Principal Place of Business 1091 NE PINE ISLAND RD CAPE CORAL FL 33904 US	Mailing Address 1091 NE PINE ISLAND RD CAPE CORAL FL 33904 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1988	
21	22	26	27	4. FEI Number 65-0053035	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIZZICO, DAVID P.	
STREET ADDRESS	326 SE 32 ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMITH, CHERYL LYNN	
STREET ADDRESS	194 BRODWAY	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	800002963888
23 STREET ADDRESS	-08/19/99--01018--003
24 CITY-ST-ZIP	****150.00 ****150.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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. 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: *Louis Rizzico*

6/30/99

CR2E034 (5/99)

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Kevin M. Burns & Associates, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

2804 Del Prado Blvd., Suite 109
Cape Coral, FL 33904
Telephone (941) 542-1976 * Fax (941) 542-1815

August 4, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Vertical & Patio Décor, inc.
FEI# 65-0053035

Dear Sir or Madam:

I am writing on behalf of the above-referenced taxpayer in response to the attached tax notice. While the taxpayer fully agrees that he did not submit a corporate annual report by May 1, 1999, he has asked that you provide an opportunity to consider the circumstances surrounding his situation.

According to the taxpayer, the corporation did not receive a corporate annual report filing form. Unfortunately, since most of Mr. Rizzico's time is spent running his small two person business, he still relies heavily on these informative mailings to notify him of his various reporting requirements.

In light of the above circumstances, I feel that it would be unjust and unfair to require Mr. Rizzico to pay the additional filing fee. Currently, he is submitting \$150, the full amount due for his annual report fee and corporate supplemental fee, along with a request for a waiver of the late fee.

Thank you very much for your assistance in this matter. I look forward to your response and trust that this matter will be resolved to the satisfaction of all parties involved.

Sincerely,



Anthony M. Constantino

Enclosure