COF ANNI	PROFIT RPORATION JAL REPORT  1996	SOLVED, MINIT	FLORIDA DEPAR Sandra B Secretar	TMENT OF STATE  Mortham  y of State  CORPORATIONS		
DOCU 1. Corporatio	MENT # L8278	32	(8)			
AGE	B DECORATIVE MASONRY	, INC.			F and stable and areas the stable bears the stable	NAI ANAN AYAN ANAN ANAN ANAN ANAN 2001
Principal Plac	e of Business	Mailing	Address			
17 SEXTON KEY LARGO			EXTON COVE RD LARGO FL 33037			
2 Principal P	lace of Business		<del> </del>		3. Date Incorporated or Qualified 06/25/1990	<b>3a.</b> Date of Last Report <b>02/20/1995</b>
21 77mcipai r	lace of bosiness	2a. Mail 26	ling Address		4. FEI Number 65-0247935	Applied For Not Applicable
Suite, Apt.	#, etc	Suite 27	e, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	e		& State		6. Election Campaign Financing	Fee Required  \$5.00 May Be
<b>23</b> Zip	Country	28 Zip		Country	Trust Fund Contribution  8. This corporation has habitly for it	Added to Fees
24	25 9. Name and Address of Curre	29		30	Florida Statutes	Yes No
C	OE, DIANNE M.	III Hogistered	Agent	81 Name	10. Name and Address of New Re	gistered Agent
	0850 SW 170 TERR			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
M	IAMI FL 33157			83		
				84 City		<b>85</b> Zip Code
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.150	08, Florida Statutes	s, the above-named cor	poration submits this statement for the pution's board of directors. Thereby accept	
agent la	m familiar with, and accept the oblig	e of Florida. Suc jations of, Sect	ch change was au ion 607 0505. Etori	thorized by the corpora	tion's board of directors. Thereby accept	the appointment as registered
				da Statules	, , , , , , , , , , , , , , , , , , , ,	an appointment as registered
SIGNATURE	Signature, typed or printed name of registeral, as	gent and title if applic.		da Statutes  Registered Agent signature requ		DAH
12.	OFFICERS AF	gent and title if applica	able (NOTE	Ga Statures  Registered Agent signsture requ		ERS AND DIRECTORS IN 12
			able (NOTE	Ga Statutes Registered Agent signsture requ	ured whereronstating)	ERS AND DIRECTORS IN 12 Change Addition
12.  TITLE  NAME  STREET ADDRESS	OFFICERS AT PD BRIAND, GERARD 17 SEXTON COVE RD		able (NOTE	Hegaterea Agent signature requests.  13. 11 TILE	ured whereronstating)	ERS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AT PD BRIAND, GERARD 17 SEXTON COVE RD KEY LARGO FL		able (NOTE	Hegistered Agent signature requests  13. 11 TITLE 1.2 MAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ured whereronstating)	ERS AND DIRECTORS IN 12 Change Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AT PD BRIAND, GERARD 17 SEXTON COVE RD		able (NOTE S DELETE	Hegatered Agent signature requirements of the signature requiremen	ured whereronstating)	ERS AND DIRECTORS IN 12 Change Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AT PD BRIAND, GERARD 17 SEXTON COVE RD KEY LARGO FL D LAQUERRE, LINE 17 SEXTON COVE RD		able (NOTE S DELETE	Hegatined Agent signature required 13.  11 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE	ured whereronstating)	ERS AND DIRECTORS IN 12 Change Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AT PD BRIAND, GERARD 17 SEXTON COVE RD KEY LARGO FL D LAQUERRE, LINE		able (NOTE S DELETE	Registered Agent signature required 13.  11 TillE 1.2 MAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ured whereronstating)	ERS AND DIRECTORS IN 12 Change Addition Change Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AT PD BRIAND, GERARD 17 SEXTON COVE RD KEY LARGO FL D LAQUERRE, LINE 17 SEXTON COVE RD		atre (NOTE S DELETE	Hogistered Agent signature requirement Agent Agent Agent Adent Agent Adent Agent	ured whereronstating)	ERS AND DIRECTORS IN 12 Change Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AT PD BRIAND, GERARD 17 SEXTON COVE RD KEY LARGO FL D LAQUERRE, LINE 17 SEXTON COVE RD		atre (NOTE S DELETE	Hogistered Agent signsture required in the signst si	ured whereronstating)	ERS AND DIRECTORS IN 12 Change Addition Change Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AT PD BRIAND, GERARD 17 SEXTON COVE RD KEY LARGO FL D LAQUERRE, LINE 17 SEXTON COVE RD		DELETE  DELETE  DELETE  DELETE  DELETE	Hogistered Agent signature requirement Agent signature requirement Agent signature requirement and the signature requirement a	30000192	ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
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