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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90110 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000054176

1. Corporation Name
 DECORATIVE FINISHES BY JOEY, INC.



Principal Place of Business Mailing Address
~~6600 CYPRESS ROAD #303~~ ~~6600 CYPRESS ROAD #303~~
~~PLANTATION FL 33317~~ ~~PLANTATION FL 33317~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1997

4. FEI Number **65-0744486** 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **400 E. COCO PLUM CIRCLE** 26
 Suite, Apt. #, etc. #7 Suite, Apt. #, etc. **SAME**

22 **PLANTATION FL.** 27
 City & State

23 **33322** 24 Country **FLORIDA** 25
 Zip

9. Name and Address of Current Registered Agent
WEHBY, JOSEPH M
~~6600 CYPRESS ROAD #303~~
~~PLANTATION FL 33317~~

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number Not Acceptable) **400 E. COCO PLUM CIRCLE #7**
 83 **PLANTATION, FL. 33322**
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	WEHBY, JOSEPH A
STREET ADDRESS	6600 CYPRESS ROAD #303
CITY-ST-ZIP	PLANTATION FL 33317
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400 E. COCO PLUM CIRCLE #7
1.4 CITY-ST-ZIP	PLANTATION, FL. 33322
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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; 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, with all other like empowered.

SIGNATURE: *Joseph M. Wehby* SIGNATURE REQUIRED: **JOSEPH M. WEHBY, Pres. Wehby - 954-577-9982**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)