

**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 # **V16230** (7)  
1. Corporation Name  
**ART DECO HOMES, INC.**



Principal Place of Business: **3812 NE 209 TERRACE NORTH MIAMI BEACH FL 33180**  
Mailing Address: **5401 POLK STREET HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **02/25/1992** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0314354** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**SHEVLIN, BARRY T  
1111 KANE CONCOURSE  
SUITE 605  
BAY HARBOR ISLAND FL 33154**

10. Name and Address of New Registered Agent  
81 Name: **JUDSON L. OWEN, III**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 **555 NE 15 STREET #516**  
84 City: **MIAMI** FL 85 Zip Code: **33132**

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 a family member, and accept the obligations set forth in Section 607.0503, Florida Statutes.  
SIGNATURE: *[Signature]* **Judson L. Owen III** 3-11-96

12. OFFICERS AND DIRECTORS

TITLE: <b>PVTS</b>	<input type="checkbox"/> DELETE
NAME: <b>DISKIN, ART</b>	
STREET ADDRESS: <b>3812 NE 209 TERRACE</b>	
CITY-ST-ZIP: <b>N. MIAMI BEACH FL 33180</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
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 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 married, or on an attachment with an address.

SIGNATURE: *[Signature]* **ARTHUR DISKIN** 3-15-96 (954) 989-7575

CR2E034 (12/95)