

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **309978** ✓

Corporation Name

GOTHAM DECORATORS, INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90008 015 ***550.00



Principal Place of Business
1 CYPRESS STREET
PA FL 33607

Mailing Address
3715 CYPRESS STREET
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	26	10/10/1966	59-1149733	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	27			
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
	28	Trust Fund Contribution		
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property.
25				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

WILCHER, BEVERLY P.
15340 GULF BLVD
MADEIRA BCH FL 33708

10. Name and Address of New Registered Agent

81	Name	MERCEDES PARRA
82	Street Address (P.O. Box Number is Not Acceptable)	
83	16700 Gulf Blvd. UNIT # 225	
84	City	N. Redington Bch. FL
85	Zip Code	33708

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS T-ZIP	ST PARRA, EVELIO 3715 CYPRESS STREET TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
T-ADDRESS T-ZIP	V PARRA, MERCEDES 3715 CYPRESS STREET TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P MERCEDES PARRA 16700 GULF BLVD. UNIT # 225 N. REDINGTON BCH. FL 33708
T-ADDRESS T-ZIP	P WILCHER, BEVERLY PARRA 3715 CYPRESS STREET TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS T-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS T-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ADDRESS T-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Mercedes Parra DATED Aug. 26/99 813-872-0340

CR2E034 (5/99)