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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 326151

(8)

Mailing Address

AAA DECORATOR SERVICE INC

FILED Apr 29 1997 8:00am Secretary of State

|--|

| 3512 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405 | | | | | 3512 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405-2226 | | | | | | | | | | |
|---|--------------------------------|---------------------------------------|--------------------------|-------------|---|----------|--|--|---|---------------------------------|---|-----------|----------------------------------|--------------------------------|--|
| | | | | | | | | | | 3. | Date Incorporated or Qualified 02/02/1968 | | ate of Last /01/1996 | | |
| 2. Principal Place of Business | | | | | 28. Mailing Address | | | | 4. | FEI Number | • | | pplied For | | |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | - | 59-1201142 | | | lot Applicable | | |
| 22 | | | | | 27 | | | | 5. | Certificate of Status Desired | | | Additional Required | | |
| | City & State | e | | <u> </u> | City & State | | | | 6. | Election Campaign Financing | | | May Be | | |
| 23 | | · · · · · · · · · · · · · · · · · · · | | 2 | 28 | | | | | | Trust Fund Contribution Added to Fees | | | | |
| _ | Žip | | Country | | Zip Country | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | | | | |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | | | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | | | |
| | CHE | | SUE NELLE | | gistoreo Agoin | • | 81 Name | | | | | | | | |
| | | SHADY LA | | | | _ | 00 00 00 00 00 00 00 00 00 00 00 00 00 | | | | | | | | |
| | | | S FL 33480 | | 82 Street Ad | | | Street Add | ress (ł | P.O. Box Number is Not Acceptal | ole) | | | | |
| | | | | | | | 8 | 3 | | | | | | | |
| | | | | | | | 8 | 4 | City | | | | 85 Zip | Code | |
| 44 | Durananti | to the evenin | and of Costiana | (07.0(.00 | -1 CO7 11 CO TI- | ide Occa | | 1 | | | | <u>FL</u> | | | |
| 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 registe 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 registe | | | | | | | | | | | | | | its registered s 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 tide if applicable (NOTE Registered Agent signature required when reinstalling) DATE | | | | | | | | | | | | | | | |
| 12. | | | OFFIC | ERS AND DIE | RECTORS | | 13. | - | | | ADDITIONS/CHANGES TO OFFIC | | DIRECTO | RS IN 12 | |
| TITLE | | | | | | 111016 | 111016 | | | | | Change | Addition | | |
| NAME | : | | VITH, SUE NEI | | | | 1.2 NAMI | E. | | | | | | | |
| | ET ADDRESS | | DY LANE ROA PRINGS FL | D | | | 1.3 STRE | £T A | ADDRESS | | | | | | |
| | ST-ZIP | STV | MINUS FL | | | DELETE | 1.4 CITY- | | - ZIP | | | | F 1 01 | | |
| TITLE | | | /ITH, JAMES | | LJ | DELFTE | 2.1 1111.6 | | | | | | Change | Addition | |
| | ET ADDRESS 345 SHADY LANE ROAD | | | | | | | 2.2 NAME 2.3 STREET ADDRESS | | | | | | | |
| | ST-ZIP | | RINGS FL | • | | | 2 4 CHY | | | | | | | | |
| TITLE | | | | | | DELETE | 31 HILE | | | | | | ☐ Change | Addition | |
| NAME | : | | | | | | 3.2 NAMI | E | | | | | | | |
| STREE | ET ADDRESS | | | | | | 3 3 S1RE | ET A | ADDRESS | | | | | | |
| | ST-ZIP | | | | | | 3 4. CITY | | - 7IP | | | | | | |
| TITLE | | | | | | DELETE | 4.1 THTLE | | | | | | L] Change | Addition | |
| NAME | | | | | | | 4 2 NAM | | | | | | | | |
| | ET ADDRESS | | | | | | 4.3 STRE | | | | | | | | |
| TITLE | ST-ZIP | | | · | | DELETE | 4.4 CITY - 5.1 TITLE | _ | - 718 | | | | Change | Addition | |
| NAME | | | | | | | 5.2 NAME | | | | | | C) Change | resulted | |
| | ET ADDRESS | | | | | | 5.3 STRE | | ADDRESS | | | | | | |
| CiTY- | ST-ZIP | | | | | | 5.4 CITY | | | | | | | | |
| TITLE | | | | | | DELETE | 6.1 THLE | | | | | | Change | Addition | |
| NAME | : | | | | | | 6.2 NAM | Ē | | | | | | | |
| STREE | ET ADDRESS | | | | | | 6.3 STRE | EI A | ADDRESS | | | | | | |
| | ST-ZIP | | | | | | 6.4 CITY | - \$1 | - Z(P | | | | | | |

I do 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 131 changed, or on an attachment with an address.

James W. Chenowith 4-23-97