FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name 468943

(6)

DECOR & DESIGN ASSOCIATES - INTERNATIONAL, INC

FILED Mar 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T MANTE ANDER MANTE MAN		
830 HARBOR DRIVE 830 HARBOR DRIVE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149								
REI DIOUNINE LE 00170			•			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						02/04/1975		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	oplied For
21 26						59-1570284		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22	27				5. Continuate of Otalido Dobinoo	Fee Re	equired	
City & State City & Stat			ı			6. Election Campaign Financing		May Be
23 28 28						Trust Fund Contribution	Added	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the		
24	25 29 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	t Registered Agent		04	Maria	10. Name and Address of New Registe	red Agent	
NEUMANN, LORRAINE F				81	Name			
830 HARBOR DRIVE				82	Street Address (P.O. Box Number is Not Acceptable)			
key bis cayne fl								
				83				1
				84	City		85 Zip	Code
					•	-	FL	
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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								ts registered registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				d Agen	t signature required	1 when reinstating) DA	ΙΤΕ	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	DELETE 1.1		TLE			☐ Change	Addition
NAME	NEUMANN, LORRAINE F		1.2 N/	AME	İ			
STREET ADDRESS	•••		1.3 \$1	REET A	ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-		- ZIP			
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	NEUMANN, GENA		2.2 N/	AME				
STREET ADDRESS	830 HARBOR DRIVE	30 HARBOR DRIVE 2.3		IREET A	ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 2.4		2.40	TY-ST	r-ziP			
TITLE			3.1 TI	TLE			Change	Addition
NAME	NEUMANN, GREGORY C.		3.2 NAN					
STREET ADORESS	AND LILENDER BOUTE		3.3 ST	IREET A	ADDRESS			ļ
CITY-ST-ZIP	KEY BISCAYNE FL		3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADORESS			4.3 STREET		NDDRESS			
CITY-ST-ZIP			4.4 CITY-					
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE		ADDRESS			
CITY-ST-ZIP			5.4 CITY-1					+
TITLE		DELETE	6.1 TITLE				Change	☐ Addition
1		hand memory of	6.2 NAM					
NAME .					ADDRESS			
STREET ADDRESS			- 1	6.3 STREET ADDRESS 6.4 City-St-Zip				
CITY-ST-ZIP	with that the information a malind wi	th this filing door not gualify to				Section 119 07(3)(i) Florida Statutes I furth	er certify that the	e information

indicated on this annual report or supplied with this timing coes not quality for the exemption stated in Section 119.07(3)(). 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.