PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 468943 1. Corporation Name

DECOR & DESIGN ASSOCIATES - INTERNATIONAL. INC.

DECON	a Design Associates - II	ATERNATIONAL, INC				
Principal Plac	ce of Business	Mailing Address		F 100 111 01010 0110 1 10110 10111 010	eo (fil olai) ala i olai 3 3013 3 1	DII BIDIE IOUE
830 HARBOR (830 HARBOR DRIVE KEY BISCAYNE FL 33149				
REF BIOGRAPE TE 00140				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		١٠
				02/04/1975	•	ï
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Apr	lied For
21		26		59-1570284	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certifcate of Status Desired	\$8.75 A	
22		27	·	J. Control of States Desired	Fee Red	quired
City & Stat	te	City & State		6. Election Campaign Financing	□ \$5.00 m	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the curre		<u>.</u> .
24	25	1	30]	Personal Property Tax.		MNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
NEI	JMANN, LORRAINE F		81 Name		,	+
PS0830	HARBOR DRIVE	STERRING FOR THE	82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
KEY	BISCAYNE FL		83			2 3.1173
			84 City	4 9 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	85 Zíp C	
44° Direignt	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	,	noration submits this statement for the	FL 89 249 C	registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	s, the above-named corporate the corporate that the	rporation submits this statement for the ption's board of directors. I hereby accep	purpose of changing its r t the appointment as reg	egistered istered
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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 of 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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90029 032 ***150.00

305-361-1286