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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 484314

(0)

DECOR COORDINATES, INC.

Principal Place of Business Mailing Address 1550 LATHAM RD., STE.7 1550 LATHAM RD. STE.7 WEST PALM BEACH FL 33409-5146 WEST PALM BEACH FL 33409 3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1996 09/12/1975 2a. Mailing Address 4. FEI Number 2, Principal Place of Business Applied For 59-1621519 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name FERRARO, ANGELO 1550 LATHAM ROAD Street Address (P.O. Box Number is Not Acceptable) 82 WEST PALM BEACH FL 33409 83 84 Zio Code 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST Change DELETE Addition TITLE 1.1 DILE FERRARO, ANGELO T. NAME 1.2 NAME 1221 EAST MOUNTAIN DR. 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-\$1-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHY: ST-2IP 3.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME / 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 6.1 TITLE NAME... 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address

MINKELO FERRARO

6.4 CITY-ST-ZIP

14. 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

(96/6)

**FILED** 

Feb 04 1997 8:00am

Secretary of State