## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

589868

(9)

DOCUMENT #

1. Corporation Name

SEMINOLE DECORATORS, INC.

(   <b>  1   1   1</b>   1   1   1   1   1   1   1	(A)	NAME TO BE A SERVE	ALBII BIBII IBI

Principal Place of Business 9013 SW 78 PLACE		Mailing Address		] 140031 81301 18570 10101 10118 01181 1011 91011 01811 61011 01011 01011 01011 01011 1001	
9013 SW 78 MIAMI FL 33		P.O. BOX 560962 Miami Fl 33256			
us		US	US		3a. Date of last Report 04/24/1995
2. Principal Plai	ce of Business	2a. Mailing Address 26 Po 3	561008	4. FEI Number 1901752	Applied For Not Applicable
21 Suite, Apt. #	etc	Suite, Apt. #, etc.	501000		\$8.75 Additional
22	, 0.0	27		5. Certif-cate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 MIAM!	+-	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in Florida Statutes Y Yes	
24	9. Name and Address of Curr		30 USA	Flonda Statutes Yes  10. Name and Address of New Ro	
27100 ( NARAN	IAN, PHILLIP LLOYD OLD DIXIE HIGHWAY UA FL 33030	02 and 607 1508 Florida Statutes	82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable 9013 Sw )	FL 85 Zip Code 33/57 pose of changing its registered office
or registere familiar with SIGNATURE	d agent, or both, in the State of Flo n, and accept the obligations of, So Philipped or productions of registers and	onda Such change was authorized action 607.0505, plonda Sytutes.	by the corporation's boa	and or directors. Enlereby accept the appo	rninient as régistered agent. I am  4/28/96
12.	OFFICERS A	IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	COLEMAN CHILID I OV	DELETE	1 TITLE		Trange Addition
NAME	COLEMAN, PHILLIP LLOY 27100 OLD DIXIE HWY.	U	1.2 NAME		Λ.
STREET ADDRESS	NARANJA FL		1.3 STREET ADDRESS	10 9013 SW 78	PL.
CITY - ST - ZIP	INDIVITOR I E		1.4 C(T) - \$1 - 2(P)	MIAMI 70	Change Addition
TITLE		DELETE	2 1 Tifle		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Flority	24 C IY-SI Z P		Change Addition
TITLE		☐ DELFTE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CrTY-ST-ZiP		☐ DELETE	3.4 CITY - ST - ZIP 4.1 TILLE		Change Addition
TITLE		treese	i l		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST ZIP		☐ DELETE	4 4 CITY ST-ZIP 5 1 TITLE		Change Addition
TITLE					C sumage C vectors
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-S1-ZIP		DELETE	5.4 C(TY - ST - 7)P		Change Addition
TITLE		L"] DECEIE	6 1 11116		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		

certify that the information indicated on this annual report or supplemental amount export is true and accurate and that my signature shall have the same legal direct as in more three controlled that I am an officer or director of the corporation or the receiver or true each powered 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 altachment with an address.

SIGNATURE: Philip 11000 CAME OF SIGNING OFFICER OF DIRECTOR

4/28/96 305/8814469

CR2E034 (12/95)