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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMEN™ OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 589868

(9)

Mailing Address

SEMINOLE DECORATORS, INC.

FILED
Apr 29 1997 8:00am
Secretary of State



9013 8W 78 PI MIAMI FL 3312 US			PO BOX 561008 MIAMI FL 33258-1008 US							
						3. Date Incorporated or Qualified 10/25/1978	3a. Date of I 05/01/19		port	
2. Principal Pl	ace of Business	2a. Mailing Addr	ess			4. FEI Number		App	olied For	
21		26			<u>-</u>	59-1901752		Not	Applicable	
Sulte, Apt. :	#, etc.	Suite. Apt. #,	Suite. Apt. #, etc.			5. Certificate of Status Desired	1 1 -	\$8.75 Additional Fee Required		
City & State	•	City & State	City & State			6. Election Campaign Financing	\$	5.00 N	May Be	
23		28				Trust Fund Contribution Added to Fees				
<sup>Zip</sup>	Country	Zip	<b>├</b> -¬	Country		8. This corporation has liability for it				
24	25	29				Florida Statutes				
	9. Name and Address of Co	urrent Hegistered Agent		81	Name	10. Name and Address of New Hel	Jisterea Agent			
		of Name								
	3 SW 78 PL			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
NAH	ianja Fl 33030			83						
				63						
				84	City		FL 85	Zip Co	ode	
11. Pursuant t	to the provisions of Sections 607	7 0502 and 607 1508. Florid	la Statutes, the	i ∃ abovi	e-named co	orporation submits this statement for the p	1	nino its	registered	
office or re	egistered agent, or both, in the to familiar with, and accept the control of the	State of Florida. Such chan	ge was authori	ized by	the corpor	ation's board of directors, I hereby accep	the appointme	ent as re	egistered	
•	Transma with and devopt the	sungation of occion con.	ooo, monda .							
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable	(NQ1E: Bogis	tered Agr	int signature rec	quired when reinstating)	DATE			
12.		S AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 12	
TITLE	PID	L DE	LETE 1	1 TITLE	}		☐ CI	nange	Addition	
NAME	COLEMAN, PHILLIP LLOY	D	1.	2 NAME						
STREET ADDRESS	9013 SW 78 PL		•	.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL			4 CITY - S	51 - ZII <sup>5</sup>					
TITLE		☐ DE	LETE 2	.1 TITLE				hange	☐ Addition	
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CITY-ST-ZIP				4 CHY-S	ļ					
TITLE		DE		I TITLE		<u> </u>	☐ C:	nange	Addition	
NAME				2 NAME	[		<del>-</del>	-		
STREET ADDRESS					ADDRESS				Ì	
CITY-ST-ZIP				4 CITY-S						
	by certify that the information su	pplied with this filing does				ed in Section 119.07(3)(i), Florida Statutes	s. I further gertif	y that th	ne	

I do hereby dendy that the information supplied with risk lilling does not quality for the exemption stated in section 119,073(i), Florida Statutes. Further certifying information indicated on this annual report or supplied 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 contribution of the corporation or the receiver contribution of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver contribution of the same legal effect as if made under oath; that an an officer or director of the corporation or the receiver contribution of the same legal effect as if made under oath; that an officer or director of the corporation or the receiver contribution of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver contribution of the corporation of the corporation or the receiver contribution of the corporation of the corporation or the receiver contribution of the corporation of the corporation of the corporation or the receiver contribution of the corporation of the corporat

SIGNATURE:

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