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

Mailing Address

10117 W OAKLAND PK BLVD

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90133 025 \*\*\*150.00

DOCUMENT #	605277
1. Corporation Name	<b>UUUL</b> : 1

LUMI-DECOR, INC.

Principal Place of Business

9877 NW 26 PL

SUNRISE FL 3 US	3322	#404 SUNRISE FL 33351	· · · · ·		DO NOT WRITE IN THIS SPACE			
_		US			3. Date Incorporated or Qualifed 12/29/1978			
2. Principal f	Place of Business	2a, Mailing Address			4. FEI Number		pplied For	
21		26			13-1996870	<b>⊢</b>	ot Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			10 1030070			
22 City & Sta	te	27 City & State			5. Certifcate of Status Desired		Additional equired	
23	.5	<b>├</b> ┐ ′			6. Election Campaign Financing	\$5.00	May Be	
Zip	Country	28 Zip			Trust Fund Contribution		to Fees	
24	25	— <u>—</u>	Country		8. This corporation owes the current year Intangible			
24,1	25   29   30   9. Name and Address of Current Registered Agent			Personal Property Tax. ☐ Yes ☐ No				
	5. Name and Address of Cui	rent Registered Agent		M. N	10. Name and Address of New Registered	J Agent		
WAT	TERS, EVA		ľ	Name				
	17 W. OAKLAND PARK BLVD		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
	. 404	•			( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	RSIE FL 33351		8	3				
301	INDIE FE 33331		L.	4 00		, , , , , , , , , , , , , , , , , , ,		
			l a	4 City	FI	<b>85</b>   Zip 1	Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the abo	ve-named con			maintaged	
		ate of Florida. Such change was au igations of, Section 607.0505, Flori			poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	ointment as re	gistered	
-9	militari with, and accept the obl	igations of, Section 607.0505, Flori	ida Statute	es.				
SIGNATURE	Signature, typed or printed name of registered	agent and title if agolicable (A)OTE.	D = ==== 4 A					
12.		AND DIRECTORS		ent signature requir	ed when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·		
TITLE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A			
NAME	WATERS, EVA				•	☐ Change	☐ Addition	
STREET ADDRESS	10117 W. OAKLAND PARK E	DIVID CTE 404	1.2 NAME					
	SUNRISE FL	XLVU., SIE. 404	1.3 STRE	ETADDRESS				
CITY-ST-ZIP	SUNNISE FL		1.4 CITY-	ST-ZIP			1	
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		,		
TITLE	-	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			4	ET ADDRESS				
CITY-ST-ZIP			II .		,			
TITLE		DELETE	3.4. CITY- 4.1 TITLE	31-ZIP				
NAME				. 1		☐ Change	☐ Addition	
STREET ADDRESS		•	4. 2 NAME				[	
				TADDRESS			1	
OITY-ST-ZIP		O SELETE	4.4 CITY-5	ST-ZIP				
		☐ OELETE	5.1 TITLE		•	- 🔲 Change	☐ Addition	
NAME			5.2 NAME			•	. }	
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	<u> </u>		ſ	
TILE		☐ DELETE	6.1 TITLE			Change	Addition	
IAME			6.2 NAME			- •	_	
TREET ADDRESS			6.3 STREE	TADDRESS				
ITY-ST-ZIP			6.4 CITY-S	T-ZIP				

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 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, with all other like empowered.

SIGNATURE: