

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F86838** (2)

1. Corporation Name

**MY DECORATOR, INC.**

Principal Place of Business

**10724 WILES ROAD  
CORAL SPRINGS FL 33076-2008**

Mailing Address

**10724 WILES ROAD  
CORAL SPRINGS FL 33076-2008**



2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HEATON, MARY JANE  
3295 PINEWALK DRIVE NORTH  
#108  
MARGATE FL 33063**

3. Date Incorporated or Qualified

**06/25/1982**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0079775**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip 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 agent, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signatures based on public or not public status, then the appropriate)

(Public Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                    | STREET ADDRESS               | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|-------------------------|------------------------------|-------------|---------------------------------|
| P     | GILDERSLEEVE, ELAINE M. | 300 OCEAN TRAIL WAY, #103    | JUPITER FL  |                                 |
| ST    | HEATON, MARY JANE       | 3295 PINEWALK DRIVE N., #108 | MARGATE FL  |                                 |
|       |                         |                              |             | <input type="checkbox"/> DELETE |
|       |                         |                              |             | <input type="checkbox"/> DELETE |
|       |                         |                              |             | <input type="checkbox"/> DELETE |
|       |                         |                              |             | <input type="checkbox"/> DELETE |
|       |                         |                              |             | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE  | 2. NAME  | 3. STREET ADDRESS  | 4. CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|-----------------|-------------------------------------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Mary Jane Heaton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mary Jane Heaton

1-26-96

(305) 752-7525

CR2E034 (12/95)