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 #

1. Corporation Name

F9400000165 (0)

DECOR-AID, INCORPORATED

VILANO BEACH VILANO			Address De First Street Ano Beach Algustine Fl. 32095					
				3. Date Incorporated or Qualified 3a. [01/12/1994		Date of Last Report 04/11/1995		
2. Principal Plac	ce of Business	2a. Mailing Address	·		4. FEI Number			plied For
21		26		75-1571119			t Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	F1		5. Certificate of Status Desired		\$8.75 A	
City & State		Crty & State			E Floation Compaign Financing		Fee Re	<u></u>
23		28			Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	,
Zip	Country	Z(p	Country		8. This corporation has liability for	intangible tax		
24	25	29	30		1	⊠ No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New F	legistered A	gent	
			81	Name				
BAILEY		82 Street Ad		ress (P.O. Box Number is Not Acceptab	ole)			
	IRST STREET		-					
ST. AU	GUSTINE FL 32095		83					
			84	City		FL	85 Zip C	Code
SIGNATURE	, and accept the obligations of, Sect gradue, typed or petited trade of byte trade upon OFFICERS AN	and the diappinable. (f	NOTE Fagir tarkd Ager	disignature require	ed vilen fen string. ADDITIONS/CHANGES TO OFF	DATE IOERS AND I	DIRECTORS	2 IN 10
TITLE	P	☐ DELETE	1 1 11'1.6	··	ADDITIONS OF A RECEIVED OF T			Addition
NAME	BAILEY, PEGGY H		L2 NAME				onango L	
STREET ADDRESS	3008 FIRST STREET	3008 FIRST STREET ST. AUGUSTINE FL 32095		ADDRESS				
CITY -ST-ZIP	ST. AUGUSTINE FL 32095			T- ZIP				
TUTLE	V	DELETE					Change [Addition
NAME	BAILEY, JAMES J		2.2 NAME					
STREET ADDRESS	3008 FIRST STREET		23 STREET	- 1				
CITY-ST-ZIP TITLE	ST. AUGUSTINE FL 32095		2 4 C TY-S1-ZIP 3 1 TillE				Change [☐ Addition
NAME			3 2 NAME			L	Change [MOUNDI
STREET ADDRESS			33 STREET	ADDRESS				
CITY-ST-ZIP			3.4 C/TY-S					
THILE	☐ DELETE		4 1 T-TLE				Change [Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZP			4 4 CITY - S	1 - ZIP				
TITLE	□ DELETE		5 1 TITLE				Change [Add-tion
NAME PAREET ADDRESS			5.2 NAME					
STREET ADDRESS			5 3 STREET					
CITY-ST-ZIP TITLE	DELETE		5.4 CITY - S 6.1 TITLE	1 - ZIP			Change [☐ Add tion
NAME	L VILLE		6.2 NAME				One ige [
STREET ADDRESS			63 STREET	ADORESS				
CITY-ST-ZIP			6 4 CITY - S					
certify that to oath; that I a	he information indicated on this anni	ial report or supplemental an iration or the receiver or trust	mished and does must report is tru tee empowered t	s not qualify the and accura	for the exemption stated in Section 119 ale and that my signature shall have the is report as required by Chapter 607, Fk	same lega! el	ffect as if ma	ade under

SIGNATURE:

GNATURE ADDITION OF PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR

4-13-96 904-826-0024

CR2E034 (12/95)