

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000002942 (0)**

1. Corporation Name

CUSTOM DECO SOUTH, INC.



Principal Place of Business

**3320 VINELAND, SUITE C-2
ORLANDO FL 32811**

Mailing Address

**3320 VINELAND, SUITE C-2
ORLANDO FL 32811**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DESZELL, BRIAN
3320 VINELAND, SUITE C-2
ORLANDO FL 32811**

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

34-1615884

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 office 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

Signature of the person authorized to register the agent on the corporation's behalf

Signature of the registered agent, to be signed when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PDC	☐ DELETE
2. NAME	STROH, DEAN E	
3. STREET ADDRESS	1343 MIAMI ST.	
4. CITY - ST - ZIP	TOLEDO OH 43605	
1. TITLE	VDC	☐ DELETE
2. NAME	HAGDOHL, SYD	
3. STREET ADDRESS	1343 MIAMI ST.	
4. CITY - ST - ZIP	TOLEDO OH 43605	
1. TITLE	STD	☐ DELETE
2. NAME	MANN, HAL F.	
3. STREET ADDRESS	1343 MIAMI ST.	
4. CITY - ST - ZIP	TOLEDO OH	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		

1. 1. TITLE	☒ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY - ST - ZIP	
5. 1. TITLE	☒ Change ☐ Addition
6. 2. NAME	
7. 2. STREET ADDRESS	
8. 4. CITY - ST - ZIP	
9. 1. TITLE	☐ Change ☐ Addition
10. 2. NAME	
11. 3. STREET ADDRESS	
12. 4. CITY - ST - ZIP	
13. 1. TITLE	☐ Change ☐ Addition
14. 2. NAME	
15. 3. STREET ADDRESS	
16. 4. CITY - ST - ZIP	

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: *Hal F. Mann* **HAL F. MANN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 **1/31/96**
DATE DATE
(419) 698-2900 **(419) 698-2900**
PHONE NUMBER PHONE NUMBER

CR2E034 (12/95)