

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 12 1998 8:00am
Secretary of State

DOCUMENT # **G44795** (4)
1. Corporation Name
WADSWORTH & OWENS DECORATING CENTER, INC.



Principal Place of Business
**708 N DIXIE HWY
NEW SMYRNA BCH FL 32168-6405
US**

Mailing Address
**708 N DIXIE HWY
NEW SMYRNA BCH FL 32168-6405
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1983	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2380737	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WADSWORTH, DAVID B. 708 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32168				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, DAVID B.	1.2 NAME	
STREET ADDRESS	2378 OLD SAMSULA RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZ, KATHLEEN W.	2.2 NAME	
STREET ADDRESS	2388 OLD SAMSULA	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DAVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, ARCHIE T.	3.2 NAME	
STREET ADDRESS	2384 OLD SAMSULA ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH FL	3.4 CITY - ST - ZIP	
TITLE	AST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, AMY B.	4.2 NAME	Secretary/Treasurer
STREET ADDRESS	2378 OLD SAMSULA ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH FL	4.4 CITY - ST - ZIP	
TITLE	AVD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, SHIRLEY	5.2 NAME	
STREET ADDRESS	2384 OLD SAMSULA	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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.

SIGNATURE:

[Signature]

4/28/98

CR2E034 (10/97)