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

FILED Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name G79502 (2)NEW DECO, INC. Principal Place of Business Mailing Address 23123 SUNFIELD DR 23123 SUNFIELD DR **SUITE 165** DO NOT WRITE IN THIS SPACE **BOCA RATON F 33433 BOCA RATON FL 33434** 3. Date Incorporated or Qualified U\$ 01/19/1984 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2388270 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζıp 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No Personal Property Tax due June 30. 25 30 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FARBER, ANDREW 23123 STATE RD 7 **B2** Street Address (P.O. Box Number is Not Acceptable) **SUITE 3503** 83 **BOCA RATON FL 33428** 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 of register it agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE MORRIS, BRAD MAME 1.2 NAME STREET ADDRESS 23123 SUNFIELD DR 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 exportation 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 that ged, or on an intrichment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

20190

Addition