**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 # **G90807** **(0)**

1. Corporate Name
**ARTCRAFT HOME DECOR, INC.**

Principal Place of Business
**1103 N FEDERAL HWY**
**BOYNTON BCH. FL 33435**

Mailing Address
**1103 N FEDERAL HWY**
**BOYNTON BCH. FL 33435**

3. Date Incorporated or Qualified: **02/09/1984**
3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-2369275** ☐ 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

2. Principal Place of Business
21 1103 N. FED HWY
22 Suite, Apt. #, etc.
23 BOYNTON BCH
24 Zip 33062 25 County

2a. Mailing Address
26 SAME ABOVE
27 Suite, Apt. #, etc.
28 FL.
29 Zip 33435 30 Country PALM BCH.

9. Name and Address of Current Registered Agent

**MEREDITH, M.W.**
**1103 N. FEDERAL HWY**
**BOYNTON BCH. FL 33435**

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 Section 607.0502 and 607.1509, 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(s) 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 | NAME (Type or Print) | DATE

12. OFFICERS AND DIRECTORS

P
MEREDITH, MARTIN W.
1510 SE 23RD AVE
POMPANO FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY ST ZIP ☐ Change ☐ Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY ST ZIP ☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY ST ZIP ☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY ST ZIP ☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY ST ZIP ☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report with an address.

**SIGNATURE:** [signature] JAN 18/96 1-407-734-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone