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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90127 033 ***158.75

DOCUI	MENT # J04516				
1. Corporation	DECOR, INC.			`	
Principal Place	e of Business	Mailing Address		I FABILEM OLISI ORSIS DENDE ALEMA ESDEN OLIS DIBILI	BING EIRN DION DION OINN IOD
1729 SW 1ST A	AVE.	4566 NE 6TH ST			
OCALA FL 3447	74	OCALA FL 34471		DO NOT WRITE IN THIS	SCRACE
US		US		3. Date Incorporated or Qualifed	SFACE
				03/13/1986	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 600	JE 5975	. 26 400 5	E. 59 TS	/ . 59-2654244	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 OCa	LA FL	27 Ocala	,FL	J. Certificate of Gallas Besilios	Fee Required
City & State	e /	City & State	<i>,</i> .	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	^{Zip} 29 34480 [Country 30 MAKION	This corporation owes the current year Interpretation Personal Property Tax.	tangible ☑Yes □No
24 344	9. Name and Address of Curre		30 MAKION	. 10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	81 Name		
SAM	UELS, LINDA R			INDA K. JAMUELS	
4566	NE 6TH ST		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
OCALA FL 34470				00 3.2. 37-31.	
			84 City	CALA FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	02 and 607.1508. Florida Statute	e the above named co	rnoration submits this statement for the nurnose of	changing its registered
office or n	egistered agent, or both, in the State	of Florida. Such change was at	itnorized by the corpora	ition's board of directors. I hereby accept the appoint	intment as registered
agent. I a	m familia with, and accept the oblig	mons or, Section 607.0505, Flor	BAMUEL.	³) / ₂ 22.	-99
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Р				
NAME		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
	SAMUELS, LINDA R	☐ DELETE	1.1 TITLE 1.2 NAME	- Esta si	Addition Addition
STREET ADDRESS	SAMUELS, LINDA R 4566 NE 6 E ST	☐ DELETE	1.2 NAME	. 600 S.E. 59 15 St.	Addition Addition
		□ DELETE	1.2 NAME	. 600 5.E. 59 to 5t. Ocala, FL 34480	
STREET ADDRESS	4566 NE 6 E ST	☐ DELETE	1.2 NAME	. 600 5.E. 59th St. Ocala, FL 34480	Addition Addition
STREET ADDRESS CITY-ST-ZIP	4566 NE 6 E ST OCALA FL		1.2 NAME	. 600 5.E. 59 to 5t. Oxala, FL 34480	
STREET ADDRESS CITY-ST-ZIP TITLE	4566 NE 6 E ST OCALA FL V		1.2 NAME	. 600 5.E. 59 to 5t. Ocala, FL 34480 600 5.E. 59 to 3t.	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	4566 NE 6 E ST OCALA FL V SAMUELS, LINDA R		1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS (A. ACITY, C. T. TO.	Ocala, FL 34480 600 5.E. 59403t.	□ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	4566 NE 6 E ST OCALA FL V SAMUELS, LINDA R 4566 NE 6TH ST		1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS (A. ACITY, C. T. TO.	Ocala, FL 34480 600 5.E. 59403t.	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4566 NE 6 E ST OCALA FL V SAMUELS, LINDA R 4566 NE 6TH ST OCALA FL	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS (A. ACITY, C. T. TO.	Ocala, FL 34480 600 5.E. 59403t.	□ Addition
STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	4566 NE 6 E ST OCALA FL V SAMUELS, LINDA R 4566 NE 6TH ST OCALA FL S SAMUELS, LINDA R 4566 NE 6TH ST	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS (A. ACITY, C. T. TO.	Ocala, FL 34480 600 5.E. 5940 St. Ocala, FL 34480 600 5.E. 5955 St.	□ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	4566 NE 6 E ST OCALA FL V SAMUELS, LINDA R 4566 NE 6TH ST OCALA FL S SAMUELS, LINDA R	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS (A. ACITY, C. T. TO.	Ocala, FL 34480 600 5.E. 5940 St. Ocala, FL 34480 600 5.E. 5955 St.	☐ Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	4566 NE 6 E ST OCALA FL V SAMUELS, LINDA R 4566 NE 6TH ST OCALA FL S SAMUELS, LINDA R 4566 NE 6TH ST	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Ocala, FL 34480 600 5.E. 59403t.	□ Addition
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STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	4566 NE 6 E ST OCALA FL V SAMUELS, LINDA R 4566 NE 6TH ST OCALA FL S SAMUELS, LINDA R 4566 NE 6TH ST	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Ocala, FL 34480 600 5.E. 5940 St. Ocala, FL 34480 600 5.E. 5955 St.	Addition Ghange Addition Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4566 NE 6 E ST OCALA FL V SAMUELS, LINDA R 4566 NE 6TH ST OCALA FL S SAMUELS, LINDA R 4566 NE 6TH ST	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Ocala, FL 34480 600 5.E. 5940 St. Ocala, FL 34480 600 5.E. 5955 St.	Addition Ghange Addition Change Addition Change Addition
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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 an attachment with an address, with all other like empowered.

SIGNATURE:

1- 22-99 (352)861-4617