FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 J63582 DOCUMENT # Corporation Name DECORATIVE ARTS, INC. Mailing Address Principal Place of Business 1295 BENEVA RD S 1295 BENEVA RD S SARASOTA FL 34232 SARASOTA FL 34232 3. Date Incorporated or Qualified 03/19/1987 3a. Date of Last Report 05/01/1995 4. FEI Numbe Applied For 2a. Mailing Address 2. Principal Place of Business 65-0006548 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zıp Country Yes XNo Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARDINER, KAREN J. Street Address (P.O. Box Number is Not Acceptable) 82 7940 PINE GROVE CT 83 SARASOTA FL 34232 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstriting) Signature, typed or printed name of registered agent and the it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETÉ ☐ Change Addition 1.1 Till E TITLE GARDINER, KAREN J. 1.2 NAME NAME 7940 PINE GROVE CT 1.3 STREET ADORESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELFTE 2.1 TITUE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 C(TY - \$1 - Z(P CITY-ST ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 4.1 TILLE THLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CH1Y - ST - ZIP CITY - S1 - ZIP Addition Change DELETE 5.1 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

CHTY+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 certify 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 an angled, or on an attachment with an address.

CR2E034 (12/95)