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

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90031 041 ***150.00

| DOCUMEN | Τ#. | 1701 | 89 |
|---------|-----|------|----|

1. Corporation Name

| LA-RUFF | DECOR, INC. | | | | | | | |
|---|--|---|---------------|----------|------------------|--|----------------|-----------------|
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| | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | . : | | |
| 8921-6 NORTH FORK DR. 8921-6 NORTH FORK DR. N. FT. MYERS FL 33903 N. FT. MYERS FL 33903 | | | | | | | | |
| N. FT. MYERS | FL 33903 | N. FI. MIENS FE 33303 | | | | DO NOT WRITE IN TH | S SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 04/29/1987 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | plied For |
| 21 | | 26 | | | | 59-2807181 | \$8.75 A | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | Fee Re | |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | to Fees |
| Zip | Country | Zip | Countr | ry | | 8. This corporation owes the current year I | ntangible Yes | □No |
| 24 | 25 | | 30 | | | Personal Property Tax. 10. Name and Address of New Registere | | LINO |
| | 9. Name and Address of Curre | nt Registered Agent | 8 | 1 1 | Name | 10. Haille and Address of New Neglatere | a Agent | |
| LAM | AGNA, GERALD R | | L | | | | | |
| | WINKLER AVE EXT | | 8 | 2 5 | Street Addre | ss (P.O. Box Number is Not Acceptable) | | |
| FT. I | MYERS FL 33916 | | 8 | 3 | | | | |
| | | | 8 | 4 (| City | F | 85 Zip (| Code |
| | (0.11.003.00 | 00 1007 4500 Florida Statuta | | | amed some | ration submits this statement for the purpose | | registered |
| office or r | to the provisions or Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the obliga- | of Florida. Such change was aut | inorizea d | y the | e corporation | 's board of directors. I hereby accept the app | ointment as re | gistered |
| SIGNATURE | | | | | | | <u> </u> | |
| 42 | Signature, typed or printed name of registered ag | ent and title if applicable. (NOTE: F ND DIRECTORS | Registered Ag | gent sig | gnature required | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS / | AND DIRECTO | DRS IN 12 |
| 12. | DV OFFICERS A | DELETE | 1,1 TITLE | | | , | . Change | Addition |
| NAME | LAMAGNA, GERALD | | 1.2 NAME | | | | _ | _ |
| STREET ADDRESS | 3707 WINKLER AVE. EXT. | | 1.3 STRE | | ORESS | | | |
| CITY-ST-ZIP | FORT MYERS FL 33916 | | 1.4 CITY- | | | | | |
| TITLE | TOTAL MAYERO LE GOSTO | ☐ DELETE | 2.1 TITLE | | - | | Change | Addition |
| NAME | | | 2.2 NAME | E | | | | · |
| STREET ADDRESS | | | 2.3 STRE | ET AD | OORESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY | | i | and the second | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | = | | | ☐ Change | Addition |
| NAME | | | 3.2 NAME | E | | | | l |
| STREET ADDRESS | | | 3.3 STRE | ET AD | DORESS | | | 1 |
| CITY-ST-ZIP | | | 3.4. CITY | ′-ST-Z | ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | • | | • | ☐ Change | ☐ Addition |
| NAME | | | 4. 2 NAM | ΙE | | | | ļ |
| STREET ADDRESS | | | 4.3 STRE | ET AD | ODRESS | | .: | 1 |
| CITY-ST-ZIP | | | 4.4 CITY | | IP . | The second of th | Charan | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ilo 6 Bil ind farmite en | Change | Addition |
| NAME | | | 5.2 NAME | | DDDECC | | | |
| STREET ADDRESS | | | 5.3 STRE | | | ٠ | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY- | | ur | | Change | Addition |
| TITLE | | □ bereie | 6.2 NAME | | | | _ 2.111.90 | Land . Addition |
| NAME | | | 6.3 STRE | | ODRESS | • | | |
| CTDEET ADDOCCO | 1 | | 0.0010 | , , , | | | | |

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRIN ED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/98 Date 941-554-5289 Davime Phone #

(08/1 - 1/30)