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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L04315

DIXIE DE	COR WORLD OF INTERIO	RS, INC.					
Principal Place	e of Business	Mailing Address			1 (20)(61) 8(1 961)(6(808 ())61 (1601 6(1)	AIA11 A(811 A1A11 A1A11 A	
1920 SILVER STAR RD ORLANDO FL 32804 1920 SILVER STAR RD ORLANDO FL 32804 ORLANDO FL 32804					DO NOT WRITE IN	THIS SPACE	
					3. Date incorporated or Qualifed		
					07/24/1989		
Principal Place of Business 2a. Mailing Address		2a, Mailing Address			4. FEI Number	Ap	plied For
21		26		59-2966453	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	_	28			Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zíp	Cou	ntry	8. This corporation owes the current ye	ar Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
				81 Name			
WEAVER, HENRY T., JR. 1920 SILVER STAR RD			•	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
					the second secon	Angelia de Maria de la Companya de l	0 6 7 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ORL	ANDO FL 32804-0302			83		經過過關	
				84 City		85 Zip	Code "
						<u>FL </u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, ine ai	by the corners	rporation submits this statement for the purportion's board of directors. I hereby accept the	appointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Stati	ites.	,	• •	
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Fig	ilua Statt	nes.			
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	ilua Statt	nes.		TE	
agent. I a SIGNATURE 12.	m familiar with, and accept the oblig	ent and title if applicable. (NOTE	: Registered	Agent signature requi	ired when reinstating) DA	TE	
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS	: Registered	Agent signature requi	ired when reinstating) DA	TE RS AND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A P WEAVER, HENRY T., JR	ent and title if applicable. (NOTE ND DIRECTORS	: Registered 13. 1.1 TII	Agent signature requi	ired when reinstating) DA	TE RS AND DIRECTO	DRS IN 12
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agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A P WEAVER, HENRY T., JR	ent and title if applicable. (NOTE ND DIRECTORS	: Registered 13. 1.1 TII 1.2 NA 1.3 ST	Agent signature required to the signature re	ired when reinstating) DA	TE RS AND DIRECTO	DRS IN 12
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agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A P WEAVER, HENRY T., JR 510 E. LAKESHORE DR. OCOEE FL VP WEAVER, HENRY T., III	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TI 2.2 NA	Agent signature requi	ired when reinstating) DA	RS AND DIRECTO	DRS IN 12
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90021 026 ***150.00