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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(6)

R. J. ARCHER DECORATING, INC.

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|---|---|---------------------|---|---|---|
| Principal Place o | of Business | Mating Address | | | |
| % NICOLETTE | N ARCHER | % NICOLETTE N | ARCHER | | |
| 7401-BEACHN | 1780 NIV 954 | 7401 BEACHIVE | V-DR | | |
| N BAY VILLAGE PL 33141 Plants TON F) N BAT VILLAGE PL 33141 | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | = | | 06/20/1990 | 08/01/1995 |
| 2. Principal Plac | ce of Business | 2a. Mailing Addres | , | 4. FEI Number | Applied For |
| 178 | D NW 95 AM | 26 | same | 65-0202794 | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, 6 | lc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| | adalim FI | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zφ | Country | 8. This corporation has liability for in | ntangible tax under s 199.032, |
| ₄ 333 | 25 | 29 | 30 | Florida Statutes 💟 Yes | |
| | 9. Name and Address of Curren | nt Registered Agent | | 10. Name and Address of New R | egistered Agent |
| | | | 81 Name | | |
| | ACHMEW DR. ALLAGE FL 33141 Pla | 2P WU 95 | 1, 33321 83 | iress (P.O. Box Number is Not Acceptab | |
| | | - | 84 City | | F1 85 Zip Code |
| | | | | oration submits this statement for the pur | • - |
| SIGNATURE _ | Signature, typied or prieted some of regelitrics ages | Land the Pappingson | (NOTE Requisered Aport signature required 13. | od when remetating) ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIRECTORS IN 12 |
| TITLE | DP OTTOCKS AN | DELE | | 4 | O Change Addition |
| NAME | | • | 1.2 NAME | 10 10 5 10 000 | IL A VENUE |
| STREET ADDRESS | 7401 BEACHVIEW DR 1 | 780 NW9 | 1.3 STAEEL ADDRESS | Plantation Fl. | 23351 |
| CITY-ST 2IP | N BAY VILLAGE FL P | antation, Fl. 3 | 14 CHY-ST-ZP | THE HOLD TO | |
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| NAME | | | 6.2 NAME | | |
| SIRRET ADDRESS | 1 | | 6.3 STREET ADDRESS | | |

64 CITY - ST ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

3/15/96

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14. I do hereby certify that the information supplied with this filmes, 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 count of supplemental artiful report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 18 if channel or our attachment with an address