FILE NOW: Fee after May 1, will be \$588.75



	NNUAL R 199	EPORT	PANY		Sandra Secre DIVISION O	B. Mo	ortham State	97 M	AY 16 A	111:30	
\$ 203.	ING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address								SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #1950000000893 FLORIDA DECOR CENTRE (PALM BAY), L.C. 5240 BABCOCK ST. NE								1a. Principal Place of Business Address			
PAL	TE 212 M BAY,	, FL		h lass	inio-mailee and		radice in Plant do	1	,		
2 Principa	I Place of Bus	iness	any way, line throu		ng Address	enter cor	ection in Block 2a.	3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt.			31. NE	Suite, Apt. #, etc.				1 1 7 -	- 75	FL D	
SUITE 212 City & State City & State					ite			59-3363715 Applied For Not Applicable			
7AL1 3290	m Bay	Country	<u>- L</u> 5A	Zip		Count	y	5. Date of Last I	Report	6. Certificate of Status Desired	
7. Name and Address of Current Registered Agent							Name	8. Name and Address of New Registered Agent			
						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 1000021815315 -05/21/97010580102 City *****203******203**75 EL Subove-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment					
10. Title	Managing Members/Managers				Business Street Address				City	, State and Zip Code	
NGR	PALM	BAY	CENTER	i, Inc.	5240 Sui		8cock S- 212	r. NE	Paln	ВАЧ, FL. 32905	
									\ \ \(\lambda \)	lalger In	

11. I do 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 is true and accurate and that my signafure shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empower active execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. 16 MAY 97

SIGNATURE: ROY A. McChung, V.P.; FOR & ON BEHALF OF PALM BUY CENTER, INC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

407-952-1181

Daytime Phone #

Date