FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M59470 (8)

1. Corporation Name
DESIGN DECORATOR SERVICE, INC.

Principal Place of Business	Mailing Address
4990 S.W. 52ND ST. SUITE 102 DAVIE FL 33314 US	4990 S.W. 52ND STREET SUITE 102 DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1987
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21: 4980 SW 52 ST
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: 102
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: 65-0005281 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, EDWARD M., III
~~8805 W SUNRISE BLVD.~~
PLANTATION FL ~~33322~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 710 NW 73 TERRACE
83:
84 City: FL 85 Zip Code: 33317

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☑ Change ☐ Addition
NAME	NELSON, EDWARD M. III	1.2 NAME		
STREET ADDRESS	~~8805 W SUNRISE BLVD.~~	1.3 STREET ADDRESS	710 NW 73 TERRACE	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	33317	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	NELSON, OLGA M.	2.2 NAME		
STREET ADDRESS	~~8805 W SUNRISE BLVD.~~	2.3 STREET ADDRESS	710 NW 73 TERRACE	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	33317	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-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)(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.

SIGNATURE: _____ PRESIDENT EDWARD M. NELSON 4/21/95 305-584-7175
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0229108 CP