03-14-1999 90021 016 ***150.00

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

i. Corporation	MENT # M59470 DECORATOR SERVICE, INC						. .	911 93 11 9 314 3	1871 978 14 878 71 8 7	1 3 11 311 11 1 13 1	
Principal Place	e of Business	Mailing Address									
		· ·									
4980 SW 52 ST		4980 S.W. 52ND STREET				•			•		
102 DAVIE FL 33314	•	SUITE 102 DAVIE EL 33314	DAVIE FL 33314			DO NOT WRITE IN THIS SPACE					
US TE 33314	•	US				3. Date Incorporated or Qualifed					
						09/22/1987					
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			Apr	plied For	
21		26				65-0005281			Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Sta	tue Decired		\$8.75 A	dditional	
22		27				5. Certificate of Sta	rus Desiled	<u> </u>	Fee Re	quired -	
City & State	9	City & State				6. Election Campai	on Financino		\$5.00	May Be	
23		28				Trust Fund Cont	-		Added to		
Zip	Country	Zip	Country	,		8. This corporation		rent year Int	•		
			- ·		[]	Personal Proper		on your nite		□No	
24	25		<u>U </u>		1	0. Name and Add	·	Penistered			
	9. Name and Address of Current	Registered Agent	81	Name		U. Name and Add	633 01 NCW 1	registered			
MELO	CON CONVADO AA III		01	Name	1						
	SON, EDWARD M., III		82	Street /	Address	(P.O. Box Number	is Not Accepta	able)			
710 NW 73 TERRACE											
PLANTATION FL 33317			83								
			84	City				FL	85 Zip C	ode	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was autr ions of, Section 607.0505, Florid	a Statutes	tne corpo	oration s	board of directors.	tement for the I hereby accep	рі тте арроп	changing its ntment as reg	registered gistered	
	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Ri		nt signature re	required whe	en reinstating)		DATE			
12.	OFFICERS AN		13.		· r	ADDITIONS/CHA	NGES TO OF	FICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE						Change	☐ Addition	
NAME	NELSON, EDWARD M. III		1.2 NAME								
STREET ADDRÉSS	·		13 STREE	T ADDRESS	;						
			1.4 CITY-S	1						J	
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	17-211					Change	☐ Addition	
TITLE			2.2 NAME						_ ,	_	
NAME	NELSON, OLGA M.			7 ADDDC00	.					l	
STREET ADDRESS	710 NW 73 TERRACE			TADDRESS	`					[
CITY-ST-ZIP	PLANTATION FL	□ DELETE	2.4 CITY-3	ST-ZIP	-				Change	Addition	
TITLE		☐ DELETE	3.1 TITLE								
NAME			32 NAME								
STREET ADDRESS			3.3 STREE	TADDRESS	3						
CITY-ST-ZIP			3 4. CITY-5	ST-ZIP							
TITLE		☐ OELETE	4.1 TITLE		-			· 	☐ Change	Addition \	
NAME			4. 2 NAME							1	
				TADDRESS						Ì	
STREET ADDRESS											
CITY-ST-ZIP		Fil per exe	4.4 CITY-S	1-ZIP	-				Change	Addition	
TITLE		☐ DELETE	5.1 TITLE	;	į				☐ Change		
NAME			5.2 NAME							}	
STREET ADDRESS			53 STREE	TADDRESS	3						
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition	
. NAME			62 NAME							1	
				T ADDRESS						Ţ	
STREET ADDRESS			0.5 STREE	. AUUNEUS	Ί					1	

CITY-ST-ZIP 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 export 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 reference of the corporation or the reference of the corporation of the corp

6.4 CITY-ST-ZIP

SIGNATURE:

MAR 6, 1999