

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M99996 (4)  
1. Corporation Name  
ART DECO, INC.

Principal Place of Business <del>9-DALE MORRISON</del> <del>777 E. ATLANTIC AVE., #226</del> <del>DELRAY BEACH FL 33483</del>	Mailing Address <del>9-DALE MORRISON</del> <del>777 E. ATLANTIC AVE., #226</del> <del>DELRAY BEACH FL 33483</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9358 Agua Vista Blvd Suite, Apt. #, etc. 22 City & State 23 Boynton Beach FL Zip Country 24 33437 25		2a. Mailing Address 26 9358 Agua Vista Blvd. Suite, Apt. #, etc. 27 City & State 28 Boynton Beach FL Zip Country 29 33437 30		3. Date Incorporated or Qualified 09/22/1988	
				4. FEI Number 65-0122337	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <del>MORRISON, DALE</del> <del>777 E. ATLANTIC AVE., #226</del> <del>DELRAY BEACH FL 33483</del>				10. Name and Address of New Registered Agent 81 Name EILEEN CARR 82 Street Address (P.O. Box Number is Not Acceptable) 9358 Agua Vista Blvd 83 City 84 Boynton Beach FL 85 Zip Code 33437			
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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 Eileen Carr, Eileen CARR 3/20/98  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOSEPH, LAWRENCE			1.2 NAME	Eileen CARR		
STREET ADDRESS	17815 HEATHER RIDGE LANE			1.3 STREET ADDRESS	9358 Agua Vista Blvd.		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Boynton Bch, FL 33437		
TITLE	<del>ST</del>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>ALYNN JOSEPH</del>			2.2 NAME			
STREET ADDRESS	<del>17815 HEATHER RIDGE LN</del>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<del>BOCA RATON FL</del>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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: Eileen Carr, Secretary 3/20/98

CR2E034 (10/97)