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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005052 (5)**

1. Corporation Name
AMERICAN DECOR CENTER INC.

Principal Place of Business	Mailing Address
~~2311 NORTH ORANGE BLOSSOM TRAIL~~ ~~KISSIMMEE FL 34744~~	~~P. O. BOX 450823~~ ~~KISSIMMEE FL 34745~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1992	3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-3149396	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1350 S. Bermuda Av.	26 1350 S. Bermuda Ave.
22 Suite, Apt. #, etc. Suite C	27 Suite, Apt. #, etc. Suite C
23 City & State Kissimmee, Florida	28 City & State Kissimmee, Florida
24 Zip 34741 25 Country USA	29 Zip 34741 30 Country USA

9. Name and Address of Current Registered Agent

NEGRON, ROSA E
2311 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Negron, Rosa E.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 103 Iguala Drive
84 City: Kissimmee, FL 85 Zip Code: 34743

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: Rosa E. Negron 8/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P/S/T ☒ Change ☐ Addition
NAME	NEGRON, ROSA E	1.2 NAME	Negron, Rosa E.
STREET ADDRESS	2311 N. ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	103 Iguala Drive
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, Fl. 34743
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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: Rosa E Negron 8/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462477 FP