## 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

DOCU	MENI # P9200	0005052					
1. Corporation	CAN-DECOR-CENTER INC.	<u>-</u> .					
AINEITIO	MIN-DECONFOCIATED INC.					88611 <b>2818</b> 1 <b>8</b> 1101 <b>6818</b> 1 <b>8</b> 111	
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Principal Plac	ce of Business	Mailing Address				OBÍN OBIÐI BING BÐUN ÐU	
1350 S. BERM		1350 S. BERMUDA	AV				
SUITE B	NOON AV	SUITE B	· ~•				
KISSIMMEE FL	L 34741	KISSIMMEE FL 34	741		DO NOT WRITE IN T	THIS SPACE	
US		US .			3. Date Incorporated or Qualifed		
A D-ii15	21	A4-91 A-1-1			11/12/1992		
——————————————————————————————————————	Place of Business	2a. Mailing Addre	ess		4. FEI Number 59-3149396	Applie	
Suite, Apt.	# etc	26 Suite, Apt. #,	etc		<u> </u>		pplicable
22	. 7, 515.	27	010.		5. Certifcate of Status Desired	\$8.75 Add Fee Requi	
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 Ma	
23		28			Trust Fund Contribution	Added to F	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.		No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent	
NEG	GRON, ROSA E	and the state of t		81 Name			
	IGUALA DRIVE		ľ	82 Street Add	dress (P.O. Box Number is Not Acceptable)	·	
	SIMMEE FL 34743			83	100 81 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	to the second second	A 1.00 &
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office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such chang	e was authorized	by the corporat	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its reg ppointment as regist	istered ered
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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 chapted, or on an attachment with an address; with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90005 004 \*\*\*150.00