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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001655 (8)

| | ES & DECORATIVE ARTS, I | NC. Mailing Address | | | |
|---|---|--|---|--|---|
| 915-917 N. FRANKLIN ST. 8547 MERRIMOOR BLVD. EAST TAMPA FL 33802 LARGO FL 33777-3145 US | | | EAST | | |
| | | | | 3. Date Incorporated or Qualified 01/07/1993 | 3a. Date of Last Report 02/01/1996 |
| 2. Principal P | Place of Business | 28. Mailing Address 26 | | 4. FEI Number 59-3160415 | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | te | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for it | |
| | 9. Name and Address of Curren | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| | S, JEREMY P | | 81 Name JA | MES M BUCKLEY | |
| 220 S. FRANKLIN ST. TAMPA FL 33602 | | | | ress (P.O. Box Number is Not Acceptab | le) |
| | | | 84 City O | (174 (छार्का | FL 85 33573 |
| | to the provisions of Sections 607.050 registered agent, or both, in the State are familiar with, and accept the oblig | 2 and 607.1508, Florida State of Florida. Such change was attend of, Section 607.0505, F | utes, the above-named corp sauthorized by the corporat forida Statutes. | poration submits this statement for the particular submits the statement for the particular submits the submits th | urpose of changing its registered of the appointment as registered 23/9 7 |
| SIGNATURE | | ent and site if applicable (NC | DH: Thig stored Agent signature requi | ed when reinstating) | DATE |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | PVC | ☐ DELETE | 11 TITLE | | L. Change L. Addition |
| NAME | HAKKI, SAID 8547 MERRIMOOR BLVD., E | | 1.2 NAME | | |
| STREET ADDRESS | LARGO FL | | 1.3 STREET ADDRESS | | Ì |
| CITY-ST-ZIP TITLE | M | DELETE | 1.4 CHY+SI-7IP 2.1 TITLE | | Change Addition |
| NAME | HAKKI, A-HAMID | | 2.2 NAME | | |
| STREET ADDRESS | 1508 STURBRIDGE COURT | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | | 2 4 City - St - ZiP | | ì |
| TITLE | | ☐ DELFTE | 3 1 7171.F | | . Change Addition |
| NAME | | | 3.2 NAME | | } |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3 4. CrTY - ST - 7iP | | |
| TITLE | | L_ DELETE | 4.1 TITLE | | Change Addition { |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | 1 | | 4.3 STREET ADDRESS | | \ |
| CITY-ST-ZIP | | DELFTE | 4.4 C/TY- ST- 7/P | | Change Addition |
| TITLE | | ן שכנוונ | 5.1 THLE | | Change L_ Addition |
| NAME CTREET ANDRESS | | | 5.2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | | 5.3 STHEET ACCORESS 5.4 COLY+ ST- ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | G 2 NAME | | 9 |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY OF 71D |) | | CAPITY OF 210 | | ì |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. 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 it changed, or on an attachment with an address

MATHEE.

Sil lampie Habb

1-13-97

8/3-229-33/3

FILED

May 07 1997 8:00am

Secretary of State