

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

FILED

Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000067936 (3)

1. Corporation Name
ELLIE'S DECORATING SERVICE, INC.



Principal Place of Business: 4702 BROWNING AVE TAMPA FL 33629
Mailing Address: 4702 BROWNING AVE TAMPA FL 33629-7611

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-3212645
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: [X] Yes [] No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 25 Country

9. Name and Address of Current Registered Agent
MONTAGUE, ELEANOR M
4702 BROWNING AVE
TAMPA FL 33629

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

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: [] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
D MONTAGUE, ELEANOR M
4702 BROWNING AVE
TAMPA FL 33629
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE; 12 NAME; 13 STREET ADDRESS; 14 CITY-ST-ZIP; 21 TITLE; 22 NAME; 23 STREET ADDRESS; 24 CITY-ST-ZIP; 31 TITLE; 32 NAME; 33 STREET ADDRESS; 34 CITY-ST-ZIP; 41 TITLE; 42 NAME; 43 STREET ADDRESS; 44 CITY-ST-ZIP; 51 TITLE; 52 NAME; 53 STREET ADDRESS; 54 CITY-ST-ZIP; 61 TITLE; 62 NAME; 63 STREET ADDRESS; 64 CITY-ST-ZIP
[] Change [] Addition

14. 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 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: Eleanor M. Montague
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/12/97
Daytime Phone #: 813-837-3725

CR2E034 (9/96)