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

Mailing Address
531 LONG ISLAND

FT LAUDERDALE FL 83312-1830

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

3a. Date of Last Report

07/18/1996

3. Date Incorporated or Qualified

10/12/1993

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

Principal Place of Business

4350 NW 12TH CT UNIT 12

LAUDERHILL FL 33313

DOCUMENT # P93000070723 (0)

INTERNATIONAL DECORATORS, INC.

<b>2.</b> Principal Pl	ace of Business	Za. Mailing Address		4. FEI Number	Applied For	
21		26		65-0470155	Not Applicable	
Su le, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for intangible Florida Statutes		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
HEM	IANS, GEOFFREY		81 Name			
4350 NW 12TH CT LAUDERHILL FL 33313			92 Stront Ada	82 Street Address (P.O. Box Number is Not Acceptable)		
			or Sheet You			
			83			
			84 City	FL	85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.050.	2 and 607,1508. Florida Statu	tes, the above-named cor		changing its registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was	authorized by the corpora	poration submits this statement for the purpose o ation's board of directors. I hereby accept the app	ointment as registered	
Ü	m tamiliar with, and accept the obliga	mons of, Section 607.0505, F	ionda Siaiules.			
SIGNATURE	Signatine Hyperd or printed name of registured age	nt and little if applicable (NO	TE: Registered Agent signature requ	lied when reinstating) DATE	1-11-1	
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	DELETE	1,1 TITLE		Change Addition	
NAME	HEMANS, GEOFFREY		1.2 NAME			
STREET ADDRESS	1620 NW 48TH AVE UNIT 12		1.3 STREET ADDRESS			
City-St-2IP	LAUDERHILL FL 33313		1.4 CiTY-ST-ZiP			
lift(f		DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME			2.2 NAME		•	
STREET ADDRESS			2.3 STREET ADDRESS			
C(77 - S1 - 7)2			2.4 CITY - ST - ZIP			
1HLE		DELETE	3.1 TITLE		Change Addition	
NAME			32 NAME		ĺ	
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-S1-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY ST ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS	•	ļ	
CiTY-ST-7P			5.4 CITY - ST - ZIP			
Tiftl		DELETE	61 YITLE		Change Addition	
NAME			6 2 NAME			
STREEL ADDRESS			6 3 STREET ADDRESS			
City-\$1-7IP			6 4 CITY-ST-ZIP			
14. I do heret	by certify that the information supplier indicated on this appual report or s	d with this filing does not qua	lify for the exemption state true and accurate and the	ed in Section 119.07(3)(i), Florida Statutes. I furthe at my signature shall have the same legal effect a	r certify that the	
Lam an of	fficer or director of the corporation or	the receiver or trustee empo	wered to execute this repo	ort as required by Chapter 607, Florida Statutes; a	and that my name	
appears i	in Block 12 or Block 13 if changed, o	on an attachment with an ac	ouress.			