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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000078409

1. Corporation Name

DECOLITE INCORPORATED

Principal Place of Business / Mailing Address

11720 US HWY 19N Unit 10
PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/93
3a. Date of Last Report: 5-1-94

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3214147 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / (28)
6. 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

George C. Psetas, P.A.
6710 Embassy Blvd. Suite 105
Port Richey, FL 34668

10. Name and Address of New Registered Agent

01 Name: Nishan M. Kopoian
02 Street Address (P.O. Box Number is Not Acceptable): 18308 Thomas Blvd.
03: Hudson Fl
04 City: Hudson FL 05 Zip Code: 34667

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: _____ 6/6/95
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	President-Treasurer	11 TITLE	☐ Change ☐ Addition
NAME	Kopoian, Nishan M	12 NAME	700001521557
STREET ADDRESS	18308 Thomas Blvd	13 STREET ADDRESS	-06/23/95--01018--003
CITY ST ZIP	Hudson, FL 34667	14 CITY ST ZIP	****200.00 ****200.00
TITLE	Vice-President	21 TITLE	☐ Change ☐ Addition
NAME	Pezzullo, Robert K	22 NAME	
STREET ADDRESS	18308 Thomas Blvd	23 STREET ADDRESS	
CITY ST ZIP	Hudson, FL 34667	24 CITY ST ZIP	
TITLE	Secretary	31 TITLE	☐ Change ☐ Addition
NAME	Kopoian, Andriana	32 NAME	
STREET ADDRESS	18308 Thomas Blvd	33 STREET ADDRESS	
CITY ST ZIP	Hudson, FL 34667	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	$$$ 6/20/95
CITY ST ZIP		64 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: _____ 4/27/95 813-862-0696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nishan Kopoian President