

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000002743 (0)**

1. Corporation Name

SIESTA KEY DECOR & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**4510 BANAN PLACE
SARASOTA FL 34242
US**

**P.O. BOX 35225
SARASOTA FL 34242
US**

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0471591

Applied For

Not Applicable

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBIE, CARL J III
1800 SECOND ST
SUITE 735
SARASOTA FL 34236**

81 Name

RON STECKO

82 Street Address (P.O. Box Number is not Acceptable)

4510 BANAN PLACE

83

84 City

SARASOTA

FL

85 Zip Code

34242

11. Pursuant to the provisions of Sections 607.15-02 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 obligation of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of person making, and to whom, if applicable:

(NOTE: Registered Agent Signature required when reinstating)

DATE:

RON STECKO, PRESIDENT

4-29-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
STECKO, RONALD G
P O BOX 35225 N/A
SIESTA KEY FL 34242**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
HAHN, DAVID
P O BOX 35225 N/A
SIESTA KEY FL 34242**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DT
VANHAUTER, GARY
P O BOX 35225 N/A
SIESTA KEY FL 34242**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
DEGAN, STEVEN
1800 SECOND ST SUITE 735
SARASOTA FL 34236**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON STECKO, PRESIDENT

4-29-96

Date

(941) 349-3276

Daytime Phone *

CR2E034 (12/95)