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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

1996 Socretary of State Division of Corporations				NS 2NS		
DOCU 1. Corporati	JMENT # P940	000014868 (1)	·		
JADE	HOME DECOR INC.		·			
Principal Plac	ce of Business			· · · · · · · · · · · · · · · · · · ·		
3596 HARW		Mailing Address			r innitian til thisi dikit khill fill	ı masıkı masıdı istaklı bildak ildilik dilikti ballı (66)
	TH FL 33467	3596 HARWICH CT LAKE WORTH FL 33467				
2. Principal F	Place of Business	2a. Mailing Address		·	 Date Incorporated or Qualified 03/01/1994 	3a. Date of Last Report 05/01/1995
21		26			4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	<u></u> .	65-0416602	Not Applicable
City & Stat		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	ee	City & State			6. Election Campaign Financing	\$5.00 Mail Ba
Zφ	Country	28 Z _(C)	T 6		Trust Fund Contribution	Added to Fees
24	25	29	Country 30		This corporation has liability for in Florida Statutes	ntangible tax under s. 199,032,
	9. Name and Address of Cur	rent Registered Agent	1001		Florida Statutes Yes 10. Name and Address of New R	L_No
			81	Name	1	egisteren Ağeni
CLAPPI, JOHN 3596 HARWICH CT				Street Addr	ess (P.O. Box Number is Not Acceptable	
	ARWICH CT VORTH FL 33467					е,
LANE III	IONIπ FL 3346/		83			
			84	Dity		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s the above par	and paragra	tion submits this statement for the purp	F-1 '
or register familiar wi	red agent, or both, in the State of Fi th, and accept the obligations of, Si	orida. Such change was authorize ection 607,0505. Florida Statutes	ed by the corpora	ition's board	ition submits this statement for the purp d of directors. I hereby accept the appo	cose of changing its registered office introduced agent. Lam.
SIGNATURE			•			J
12.	Shipping typed or protect name of registrated at	PSE are the It apple able (NO AND DIRECTORS	IL: Brigistered Agent su	mature required		DATE
Till 6	T D	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
NAME	CLAPPI, JOHN	LJ otti L	1. 1 TITLE	ł		☐ Change ☐ Addition
SPREED ADDRESS	3596 HARWICH CT		1.2 NAME 1.3 STREET ADI	DE CO		
CITY_ST-ZIF	LAKE WORTH FL 33467		1.5 STREET ADI	ĺ		
ur. F	And a second sec	DELETE	2 1 TITLE			D. Character
NAME			2.2 NAME			☐ Change ☐ Addition
STREET ADORESS			2 3 STREET ADD	RESS		
CHM-SE-ZIP TiCLE			2 4 CITY - ST - ZI	Р		
NAM;		☐ DELETE	3. 1 THILE			Change Addition
STREET ADDRESS			3.2 NAME			_
CITY - S1 - 7IP			3.3 STREET ADD			
TILF		☐ DELETE	3 4 CIJY - ST - 71. 4 1 TITLE	·		
NAME			4.2 NAME			Change Addition
STHEFT ADDRESS			4.2 NAME	9ESS		
Cily-SI-ZP			4.4 City-St-zir	- 1		
TILE		☐ DELETE	5 1 TITLE			Change Addition
NAME CANCEL AND ASSOCIATION			5.2 NAME	İ		☐ Change ☐ Addition
STREET ADDRESS			5 3 STREET ADDR	RESS		
Cily-St Zir TillE			5.4 CHTY - S1 - ZIF			
NAME		☐ DELFTE	6 1 TITLE			☐ 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 appears in Block 12 or Block 13 if grianged, or on a langthness with an address. 64 CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS.

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

2-5-96 (407) 433-0957