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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058518 (9)

MARK II DECORS, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11974 \$ EDGEWATER DR 11974 \$ EDGEWATER DR					, .doi.eo. 110 10111 01311 01111 01111 01	1411 05 101 01141 10191 0116	1 17001 701/1091	
PALM BEACH	I GARDENS FL 33410	PALM BEACH GARDENS FL 33410			DO AROT MORT	" IN THIS SPACE		
1					3. Date Incorporated or Qualified	E IN THIS SPACE		
					08/09/1994			
2 Principal P	Place of Business	2e, Mailing Address			4. FEI Number		Applied For	
21		26						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0511614	60.7	Not Applicable		
22		27		Certificate of Status Desired		5 Additionat Regulred		
City & State		City & State		• Floris Committee Signature		`		
23		28		Election Campaign Financing Trust Fund Contribution		DO May Be ed to Fees		
Zip Country		Zip Country						
24 25		— `	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer		1901		10. Name and Address of New Re			
ST	EWART, JAMES M		8	Nam		gistores Agent		
	11 THE PLAZA				-			
	IGER ISLAND FL 33404		6:	Stree	at Address (P.O. Box Number is Not Acceptal	ole)		
J	IOCH IOCHIO I E 33404		8:	 				
:			[]	1				
Į			8	City		FI 85 Z	ip Code	
11 Pursuant	to the provisions of Sections 607.050	of corporation submits this statement for the		o the remindence of				
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.								
	m tamiliar wan, and accept the obliga	ations of, Section 607,0505, Fig	orida Statute	S.			_	
SIGNATURE	Signature, typed or printed name of legistered age	unt word total of word codels (NOT	F. Blagistared &	ont range	ure required when reinstating)	DATE		
12.	OFFICERS AN		13.	COUR BOMOBIL	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	D	DELETE	1.1 TITLE	-	7.5271107107017111000 10 01111	Chang		
NAME	andre, emalee a		1.2 NAME			_ •		
STREET ADDRESS	11974 S EDGEWATER DR			T ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	33410	1.4 CITY-		`			
TITLE		DELETE	21 TITLE	OF -ZIF		Chang	e Addition	
NAME			2.2 NAME		†	LLI CHANG	*	
STREET ADDRESS				T ADDRESS	.			
CITY-ST-ZIP					1			
TITLE		☐ DELETE	2.4 CITY	SI-ZIP		Chang	ne Addition	
NAME		L Decen				L. Citally	e LI Addition j	
STREET ADDRESS			3.2 NAME				l	
				T ADDRESS	·		l	
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: :			4.1 TITLE			☐ Chang	je 🛄 Additlon	
NAME			4. 2 NAMI				ľ	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST - ZIP				
TITLE		DELETE	5 1 TITLE		1	Change	e Addition	
NAME			5.2 NAME				ļ	
STREET ADDRESS			5.3 STREE	address				
CITY-ST-ZIP			5.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

14. I 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 arimust 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 13 if changed, or on an attachment with an address

EMALEE ANDRE

4-27-92

521-6250184