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 # P94000066414 (1)

1. Corporation Name
SOUTHEAST DECORATING, INC.

Principal Place of Business
20 SE 10TH ST
4560 BRANDYWINE DRIVE
POMPANO BEACH FL 33060
US

Mailing Address
20 SE 10TH STREET
4560 BRANDYWINE DRIVE
POMPANO BEACH FL 33060
US

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0545692 ☐ 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

2. Principal Place of Business
21 220 N.E. 19 AVE
Suite, Apt. #, etc.
22
City & State
23 Pompano Bch. FL
Zip 24 33060 Country 25 USA

2a. Mailing Address
26 220 N.E. 19 AVE
Suite, Apt. #, etc.
27
City & State
28 Pompano Bch. FL
Zip 29 33060 Country 30 USA

9. **Name and Address of Current Registered Agent**

MONTGOMERY, CLAYTON
20 SE 10 STREET
POMPANO BEACH FL 33060

10. **Name and Address of New Registered Agent**

81 Name: Clayton Montgomery
82 Street Address (P.O. Box Number is Not Acceptable): 220 N.E. 19 AVE
83
84 City: Pompano Bch. FL 85 Zip Code: 33060

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: [signature] Clayton Montgomery — Date: 2-11-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MONTGOMERY, CLAYTON		1.2 NAME	
STREET ADDRESS	20 SOUTH EAST 10TH STREET		1.3 STREET ADDRESS	220 N.E. 19 AVE
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP	Pompano Bch. FL 33060
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-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 ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(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: Clayton Montgomery [signature] — Date: 2-11-96 — Daytime Phone #: 305-941-9306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)