

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

220 N.E. 19 AVE.
#2
POMPANO BEACH FL 33060
US

Mailing Address

220 NE 19 AVE.
#2
POMPANO BEACH FL 33060
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1994

4. FEI Number

65-0545692

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 320 S.E. 8TH CT
Suite, Apt. #, etc.

22 City & State

23 Pompano Bch. FL

24 33060 25 USA

26 33060 27 USA

28 33060 29 USA

29 33060 30 USA

30 33060 31 USA

31 33060 32 USA

32 33060 33 USA

33 33060 34 USA

34 33060 35 USA

35 33060 36 USA

36 33060 37 USA

37 33060 38 USA

38 33060 39 USA

39 33060 40 USA

40 33060 41 USA

41 33060 42 USA

42 33060 43 USA

43 33060 44 USA

44 33060 45 USA

45 33060 46 USA

46 33060 47 USA

47 33060 48 USA

48 33060 49 USA

49 33060 50 USA

50 33060 51 USA

51 33060 52 USA

52 33060 53 USA

53 33060 54 USA

54 33060 55 USA

55 33060 56 USA

56 33060 57 USA

57 33060 58 USA

58 33060 59 USA

59 33060 60 USA

60 33060 61 USA

61 33060 62 USA

62 33060 63 USA

63 33060 64 USA

64 33060 65 USA

9. Name and Address of Current Registered Agent

CLAYTON MONTGOMERY
220 N.E. 19 AVENUE
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)
320 S.E. 8TH CT.
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 of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MONTGOMERY, CLAYTON
STREET ADDRESS 220 N.E. 19 AVE.
CITY-ST-ZIP POMPANO BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 PRESIDENT
1.2 NAME CLAYTON MONTGOMERY
1.3 STREET ADDRESS 320 S.E. 8TH CT
1.4 CITY-ST-ZIP POMPANO Bch. FL. 33060

☒ 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 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 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.

954-941-9306

CR2E034 (10/97)