FILE NOW: FILING FEE AFTER MAY 1 IS \$ 225.00 - کسیو						
COF ANNL	PROFIT DRPORATION NUAL REPORT 1996 FLORIDA DEFIRITMENT-OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS					·
DOCUMENT # 79500009714						
	DECOR	STAUDARD				
Principal Place of Business Mailing Address 8570 STATE RD 84						
85% STATE RD 84 FT. LAUDCRDAIR FC. 33324					Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pl	ipal Place of Business 2a. Mailing Address 26				4. FEI Number 65-055 Y	878 Applied For Not Applicable
Suite, Apt.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State				 	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country Zip Country 25 29 30			intry	8. This corporation has liability for in Florida Statutes Yes	■No
•	9. Name and Address	of Current Registered Agent	esigned	81 Name	Books Poliak	egistered Agent
82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTETION FL. 33324						
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 once or registered agent, or both, in the State of Parida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with angracept the obligations of Section 107.0505, Florida Statutes.						
lamiliar wi	ith, and accept the obligation	is of Section 107,0505, Florida	Staps	SPOLI	AK Phesidem	1,22,76
12.	Signal gardyned or priviled name py in OFFI	Austragraphic field that applicated. ICERS AND DIFFECTORS	(NOTE: Rugislered	I Aponit signalure focu	ired whon reinstalling) ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE NAME	PResid	dent DEL	LETE 1.11 1.2 N	i i		☐ Change ☐ Addition
STREET ADDRESS	8570 CD CU E//www.l. 1-1720		IREET ADDRESS			
TITLE	3370 S /Z.			DY -SC-28		Change Addition
NAME STREET ADDRESS	22N		AME TREET ADDRESS			
CITY-ST-ZIP			2.4 CI	HTY-ST-ZEP		Change Addition
TITLE NAME	_		AME THE		Change Addition	
STREET ADDRESS				TREET ADORESS		
CITY-ST-ZIP TITLE		☐ DEL		ITY-ST-ZIP		Change Addition
NAME			4.2 NV			
STREET ADDRESS CITY-ST-ZIP	!		•	TREET ADORESS		
TETLE		☐ DEL	ETE 5.11	ITLE	900001905 -07/26/9601075	Change Addition
NAME STREET ADDRESS			5.2 N/ 5.3 SI	AME Theet address	***200.00)==U3Z
CITY-ST-ZIP			5.4 Ci	17Y-S1-ZIP		
TITLE		☐ DEL				Change Addition
NAME STREET ADDRESS	628			ame Treet address		- 45 TAZ T
CITY-ST-ZIP	6.4 City-St-7IP				for the augmention stated in Section 119	O'HOWA Elevido Statuted Hurther
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 logal effect as if clade under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or plock 13 inchanged, once an attachment with an address.						
SIGNATURE. SIGNATURE AND TYPED ON PRINTED WAME OF BIGNING OFFICER ON DIRECTOR LAID DOWN THE AND TYPED ON PRINTED WAME OF BIGNING OFFICER ON DIRECTOR						
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