Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90163 007 \*\*\*150.00

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

**PROFIT** CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011733

1. Corporation Name

DECO GRAPHICS OF CENTRAL FLORIDA, INC.

Principal Place	e of Business	Mailing Address					KI OLKKI OLKIN ODIOL	filffit ifan kenan	
982 QUAIL ST		982 QUIAL ST SE				İ			
PALM BAY FL	•	PALM BAY FL 329							
US	·	US			•	DO NOT V	RITE IN THIS	SPACE	
						<ol> <li>Date Incorporated or Qualit</li> <li>02/06/1995</li> </ol>	fed		
2. Principal Pt	face of Business	2a. Mailing Addre	ss			4. FEI Number		App	olied For
21		26				59-3293000		No	Applicable
Suite, Apt.	#, etc ~=	Suite, Apt. #,	etc=		-	5. Certificate of Status Desired		\$8.75 <sup>-</sup> A	
22		27				3. Octanodic of Oracle Dobards		Fee Re	quired
City & State	e	City & State				6. Election Campaign Financia	ng 🗆	\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		ountry		8. This corporation owes the o	current year Int		
24	25	29	30			Personal Property Tax.			□No
	<ol><li>9. Name and Address of Currer</li></ol>	t Registered Agent		04	N	10. Name and Address of Ne	w Registered	Agent	
0.04	IA K OAKES			81	Name			•	
	QUAIL ST SE			82	Street A	idress (P.O. Box Number is Not Acce	eptable)		
	M BAY FL 32909			83					
				84	City		FL	_	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	a Statutes, the	above	e-named	orporation submits this statement for	the purpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such chang	ie was authorize	ed by i	the corpo	ation's board of directors. I hereby ac	cept the appoi	ntment as reg	jistered
•	M ramillar with, and accept the conga		LIE OAK			<	4/10/9	<b>7</b> 9	
SIGNATURE	Signature, typed or printed name of registered agei					uired when reinstating)	DATE	<u> </u>	
12.	OFFICERS AN	ID DIRECTORS	13	3.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	Ρ	□ DE	ETE 14			-			
				TITLE	ĺ	P		🔀 Change	Addition
NAME )	RUPP, JULIAK OAKES			NAME.		da <b>k</b> es, Julia K		Mange Change	Addition
NAME STREET ADDRESS	RHAP, JULIA K OAKES 982 QUAIL ST. SE	_ 5.2	1.2	NAME	ADDRESS	DAKES, JULIA K 182 QUAIL ST. SE		<b>⊠</b> Change	Addition
_			1.2	NAME	ADDRESS	DAKES, JULIA K		Change	
STREET ADDRESS	982 QUAIL ST SE	□ DE	1.2 1.3 1.4	name Street	ADDRESS	DAKES, JULIA K 182 QUAIL ST. SE	···	☑ Change	Addition
STREET ADDRESS CITY-ST-ZIP	982 QUAIL ST SE		1.2 <sup>1</sup> 1.3 1.4 LETE 2.1	NAME STREET CITY-ST	ADDRESS	DAKES, JULIA K 182 QUAIL ST. SE			
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

1. 15 pm.

CITY-ST-ZIP : .

JUEIESOAKES, PRES

407-724-0942