

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000044778 (5)

1. Corporation Name
DECORS & NUPTIALS, INC.

Principal Place of Business 2706 SUMMERLAKE COURT MELBOURNE FL 32940	Mailing Address 2706 SUMMERLAKE COURT MELBOURNE FL 32940-7145
--	---

3. Date Incorporated or Qualified 06/01/1995	3a. Date of Last Report 03/13/1996
---	---------------------------------------

2. Principal Place of Business 21 1905 S. MUNICIPAL LANE Suite, Apt. #, etc. 22 City & State 23 MELBOURNE, FL Zip 24 32901 Country 25 BREVARD	2a. Mailing Address 26 1905 S MUNICIPAL LANE Suite, Apt. #, etc. 27 City & State 28 MELBOURNE, FL Zip 29 32901 Country 30 BREVARD
--	--

4. FEI Number 59-3323339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
NOHRA, P.F.
1800 WEST HIBISCUS BLVD., SUITE 138
MELBOURNE FL 32901

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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: *Carole Armstrong* DATE: April 21, 97

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ARMSTRONG, CAROLE
STREET ADDRESS	2706 SUMMERLAKE COURT
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	<input type="checkbox"/> DELETE
NAME	D AGNEW, NICOLE
STREET ADDRESS	2706 SUMMERLAKE COURT
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Carole Armstrong* DATE: April 21, 97 4077235565

CR2E034 (9/96)