FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071257 (6)

DECORATOR FOR A DAY, INC.

Principal Place 840 PINE DRIVI UNIT 103 POMPANO BEA	Ē	Mailing Address 840 PINE DRIVE UNIT 103 POMPANO BEACH FL 33060-7251					
·					3. Date Incorporated or Qualified 09/12/1995	3a. Date of Last F 04/19/1996	Report
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number 65-0611959	<u> </u>	pplied For lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		Additional	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	7 ip	Oountr	/	8. This corporation has liability for i		
<u>671</u>	9. Name and Address of Curren		1301		10. Name and Address of New Re		
NOV	VACK, BERNICE		81	Name	and the second s		
	PINE DRIVE		82 Street Ad		ess (P.O. Box Number is Not Acceptab	10)	
	f 103						
PÓM	IPANO BEACH FL 33060		63	1			
1.			84	City	de Mariak (B. M. B. Salandere (AB) (S. B. Sel F. B.) de har et de de Flor (B.) af et e Fallence, de har Be a M et ellere de et addition	FL 85 Zip	Code
office or re	egistered agent, or both, in the State.	of Florida, Such change was	authorized b	v the corporati	oration submits this statement for the plion's board of directors. I hereby accep	urpose of changing	its registered s registered
SIGNATURE	m familiar with, and accept the obliga	*		s. ent signature require	and when rejectation	PATE	
12.	OFFICERS AND		19.	- management and	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	DELETE	1.1 1111.E		The second secon	☐ Change	Addition
NAME	NOWACK, BERNICE		1.2 NAME				
STREET ADDRESS	840 PINE DRIVE, #103		1.3 STRFE	T ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060	C December	1.4 CITY-	\$1-ZIP			4.20
TITLE		. DELETE	2.1 TITLE			Change	Addition
NAME OFOSSE ADDRESS			2.2 NAME	* ADDRESS			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELFIE	2. 4 CITY- 3.1 TITLE	31-211		Change	Addition
NAME		_	3.2 NAME		••	~ ~ ~ ~	
STREET ADDRESS			3.8 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TOLE		•	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	•		4.8 STREE	1 ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY -	S1-7IP		Change	Addition
TITLE		ב טנגרונ	5.4 311LE			Change	
NAME STREET ADDRESS			5.2 NAME	I ADDRESS			
CITY-ST-ZIP			5.4 CITY -				l
TITLE		DELETE	6.1 TITLE	ψ1 £11		Change	☐ Addition
NAME			6.P NAME			•	ĺ
STREET ADDRESS			6.8 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. I do herek	by certify that the information supplied in indicated on this applied report or s	f with this filing does not qual	ify for the exi	emption stated	f in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further certify that	t the
l am an ol	flicer or director of the corporation or	the receiver or trustee empoy	vered to exe	cute this repor	Thy signature shall riave the same logal as required by Chapter 607, Florida S	tatutes; and that my	name