**FILED** 

May 01, 1999 8:00 am Secretary of State

05-01-1999 90014 002 \*\*\*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 # P96000039364

1. Corporation Name

PLANTATION PAINT & DECOR, INC.

,					
Principal Place	of Business	Mailing Address			BILL SELECTION (1904) IN (1904) IN (1904)
10173 W SUNRISE BLVD 10173 W SUNRISE BLVD					
PLANTATION FL 33322 PLANTATION FL 33322				DO NOT WOITE	NI TUIC COACE
US US				DO NOT WRITE I	N This SPACE
}				05/07/1996	
District	- F Dunings	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
<b></b>	ace of Business	<del>-</del> -		65-0661903	Not Applicable
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		\$8.75 Additional
<u>├</u>		·		5. Certifcate of Status Desired	Fee Required
		Clty & State	=========	6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	vear Intangible
24	25	L	30	Personal Property Tax.	Ves □No
	9. Name and Address of Curren			10. Name and Address of New Reg	stered Agent
81				PlANDO (SSOR	(0)
AMERILAWYER CHARTERED			82 Street Addr		
343 ALMERIA AVENUE			Sileer Add	73 West S	NEISE BIOD
CORAL GABLES FL 33134			83		
				- / - / -	las la Tin Code
			84 City <b>2</b> /	ontation	FL 85 733
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.					
	m familiar with and accept the obligat	libris 017 Section 607.0565, Flori	C C L a	= Masonia 4.	20-99
SIGNATURE	Signature, typed or printed name of registered agen	Rend trile if applicable. (NOTE: I	Registered Agent signature require	d when reinstating)	DATE
12,		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OSSORIO, LAURA S		1.2 NAME	,	
STREET ADDRESS	1790 SOUTHWEST 52ND AVEN	NUE	1.3 STREET ADDRESS	•	·
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME -	OSSORIO, ORLANDO S		2.2 NAME	•	
STREET ADDRESS 1790 SOUTHWEST 52ND AVENUE			2.3 STREET ADDRESS	•	
CITY-ST-ZIP	PLANTATION FL 33317		2.4 CITY-ST-ZIP		_
mn F		DELETE	.3.1.TITLE		ChangeAddition:
NAME	÷		3.2 NAME	*	ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE	~	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		`
STREET ADDRESS	•		5.3 STREET ADDRESS	•	
CITY-ST-ZIP	ļ. ,		5.4 C/TY-ST-Z/P		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
PTDEET ADODESS			6.3 STREET ADDRESS		

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 chapted, or on the attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

alacka CA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR