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Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90018 007 \*\*\*\*\*150.00



PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000066321

1. Corporation Name  
DISTRICT ART DECO RENTAL SUPPORT SERVICES, INC.

Principal Place of Business  
335 OCEAN DRIVE  
SUITE 100  
MIAMI BEACH FL 33139

Mailing Address  
7601 E. TREASURE DRIVE  
APT. 2315  
NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/08/1996	65-0404581	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	30	10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

OLIVA, MARTHA  
7601 E. TREASURE DRIVE  
APT. 2315  
NORTH BAY VILLAGE FL 33141

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PTD	OLIVA, MARTHA		
	7601 E. TREASURE DRIVE, APT. 2315	1.3 STREET ADDRESS	
	NORTH BAY VILLAGE FL 33141	1.4 CITY-ST-ZIP	
		2.1 TITLE	
SD	OLIVA, JOSEPH	2.2 NAME	
	7601 E. TREASURE DRIVE, APT. 2315	2.3 STREET ADDRESS	
	NORTH BAY VILLAGE FL 33141	2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

MARTHA OLIVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 3055320777

Daytime Phone #