Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

☐ Change

Change

Change

☐ Addition

☐ Addition

Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90276 023 \*\*\*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 # DOCO

|   | 1. Corporation Name INTERNATIONAL ART DECOR, INC.  |   |                     |           |  |  |                                  |                |  |
|---|--|---|---------------------|-----------|--|--|----------------------------------|----------------|--|
|   | Principal Place of Business Mailing Address  |   |                     |           |  | I ( CALLEAL IX D. SELLO EDITI DELLE SELLO EDITI ( CODE CELO) I DECENDI ACCES SERVI |                                  |                |  |
|   | 3400 S. TAMIAMI TRAIL 3400 S. TAMIAMI TRAIL 341TE 303 SARASOTA FL 34239 SARASOTA FL 34239  |   |                     |           |  | DO NOT WRITE IN THIS SPACE   |                                  |                |  |
|   | ONINOUTA TE VYEUV  |   |                     |           |  | 3. Date Incorporated or Qualifed   | 3. Date Incorporated or Qualifed |                |  |
|   | ·  |   |                     |           |  | 09/23/1996   |                                  |                |  |
|   | 2. Principal Pla   | ace of Business   | 2a. Mailing Address |           |  | 4. FEI Number  |                                  | Applied For    |  |
|   | 21   |   | 26                  |           |  | 65-0697975   |                                  | Not Applicable |  |
| > | Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |           | 5. Certificate of Status Desired                       | ¥  | 75 Additional<br>ee Required     |                |  |
|   | City & State   |   | City & State        |           | 6. Election Campaign Financing Trust Fund Contribution |  |                                  |                |  |
|   | Zip 24   | Country 25  |                     |           |  | 8. This corporation owes the current year Intangible Personal Property Tax.        |                                  |                |  |
|   | 9. Name and Address of Current Registered Agent  |   |                     |           | 10. Name and Address of New Registered Agent           |  |                                  |                |  |
|   | MYLLYSILTA, JUSSI  |   |                     |           | 1 Name   |  |                                  |                |  |
|   | 4710 61ST AVE TER WEST   |   |                     | 8         | 2 Street   | Address (P.O. Box Number is Not Acceptable)  |                                  |                |  |
|   | BRAD   |   | 8                   | 3         |  |  |                                  |                |  |
|   |  | ·   |                     |           | 4 City   |  | L 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 regional office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |                     |           |  |  |                                  |                |  |
|   | SIGNATURE Signature types, of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to  |   |                     |           |  |  | <b>Y</b>                         |                |  |
|   | 12. OFFICERS AND DIRECTORS   |   |                     |           | Jour aduating  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |                                  |                |  |
|   | TITLE  | 317/32/(37112-371112-37112-37112-37112-37112-37112-37112-37112-37112-37112-37110-37112-37112-37112-371110-37112-37112-37112-37112-37112-371110-37112-37112-371110-37110-37110-37110-371110-37110-37110-37110-37110-37110-37110-37110-37110-37110-37110-37110-37110-37110-37110- |                     | 1.1 TITLE |  |  | . DCh                            |                |  |
|   | NAME   | MYLLYSILTA, JUSSI   |                     | 12 NAME   |  |  |                                  |                |  |

CR2E034 (11/98) S AND DIRECTORS IN 12 ☐ Addition ☐ Change STREET ADDRESS 4710 61ST AVENUE TER. WEST 1.3 STREET ADDRESS **BRADENTON FL 34210** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 2.1 TITLE MYLLYSILTA, RAILI 2.2 NAME NAME 4710 61ST AVENUE TER. WEST 2.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP 2.4 CITY-ST-ZIF \_ Addition Change 🗀 ـــــــ DELETE~ 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

3.4. C/TY-ST-ZIP

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZIP

4.1 TITLE

4, 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

☐ DELETE