

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000096674 (2)**  
 1. Corporation Name  
**SOUTH BY SOUTHWESTERN ART DECOR, INC.**



Principal Place of Business 2525 S.E. 1 COURT APT. #2 POMPANO BEACH FL 33062	Mailing Address 2525 S.E. 1 COURT APT. #2 POMPANO BEACH FL 33062-5415
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3. Date Incorporated or Qualified 11/27/1996	3a. Date of Last Report
4. FEI Number 65-0743422	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 FLORIDA U.S.A.	2a. Mailing Address 26 21158 SHADY VISTA LANE
22 21158 SHADY VISTA LN.	27 Suite, Apt. #, etc.
23 BOCA RATON, FLORIDA	28 BOCA RATON, FLORIDA
24 33428	29 33428
25 USA	30 U.S.A.

9. Name and Address of Current Registered Agent  
**WOLFE, LARRY  
 200-A JOHN KNOX ROAD  
 TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *B Walker* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, KEITH	
STREET ADDRESS	2525 S.E. 1 COURT APT. #2	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, BARBARA	
STREET ADDRESS	2525 S.E. 1 COURT APT. #2	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALKER, KEITH	
1.3 STREET ADDRESS	21158 SHADY VISTA LN.	
1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33428	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALKER, BARBARA	
2.3 STREET ADDRESS	21158 SHADY VISTA LN.	
2.4 CITY-ST-ZIP	BOCA RATON, FL. 33428	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KATHERINE SILLS-WALKER	
3.3 STREET ADDRESS	21158 SHADY VISTA LN.	
3.4 CITY-ST-ZIP	BOCA RATON FL. 33428	
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: *B Walker* DATE: April 15/97 DAYTIME PHONE: 561-477-8390

CR2E034 (9/96)