05-07-1999 90074 040 \*\*\*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 #	P97000022280
DOCUMENT II	<b>アタノいいいとととのい</b>

1. Corporation Name

AMERICAN FABRICS DECORATING & DESIGN, INC.

	_								
Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6745 MANATEE AVE W BRADENTON FL 34209		6745 MANATEE AVE W BRADENTON FL 34209			DO NOT WRITE IN THIS	SPACE			
US		US				3. Date Incorporated or Qualifed			
						02/28/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For	
21		26				59-3499917	Not	Applicable	
Suite, Apt. :	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red		
City & State		City & State				6: Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip Country				This corporation owes the current year Intangible			
24	25	2930				Personal Property Tax.		□No	
	9. Name and Address of Curren	t Registered Agent			<del></del>	10. Name and Address of New Registered	Agent		
074	DV DANMAN N		8	1	Name				
	RK, DAMIAN M		82 Street Add		Street Addre	ress (P.O. Box Number is Not Acceptable)			
	MANATEE AVENUE WEST								
BHAL	DENTON FL 34205		8	3					
			8	4	City		85 Zip C	ode	
				-	-	<u> </u>			
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was au	tnonzea b	υyτ	ne corporation	ration submits this statement for the purpose of its board of directors. I hereby accept the appo	changing its intment as reg	registered jistered	
SIGNATURE					<del>.</del>	when reinstatura) DATE	<del></del>		
	Signature, typed or printed name of registered ager			jent	signature required v	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.	D OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	_		1.1 THE						
NAME	Briting, our							:	
STREET ADDRESS	300 0101 01 11				ADDRESS			ı	
CITY-ST-ZIP			1.4 CITY- 2.1 TITLE		-ZiP	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE '	7			l					
NAME	BYWATERS, RUSSELL			2.2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			2.3 STREET ADDRESS					
CITY-ST-ZIP				2.4 CITY-ST-ZIP			□ Change	☐ Addition	
TITLE		□ Nereie		3.1 TITLE					
NAME				3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP				3.4. CITY-ST-ZIP		<del></del>	Change	Addition	
TITLE		☐ DELETE	4.1 TITLE				change		
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STRE	ĘΤ,	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 changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Date

Daytime Phone #

Change

Change

☐ Addition

☐ Addition