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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P97000040158**1. Corporation Name C. LUFCY COMMERCIAL DECORATORS, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90002 004 ***150.00

Principal Place of Business Mailing Address							
3165 MCCROY PL. #299		3165 MCCROY PL. #2	99		•	•	
ORLANDO FL 32803		ORLANDO FL 32803			DO NOT WRITE IN THIS SPACE		
US		08	US		3. Date Incorporated or Qualified		
					05/01/1997		Ì
2 Principal P	face of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	add of dashiess	26			59-3444750	\ - -+	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc				\$8.75 A	
22	•	27	_		5. Certificate of Status Desired	Fee Re	guired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	c	ountry	8. This corporation owes the current year in		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
1116	CV CHADIES E			81 Name			}
LUFCY, CHARLES E				82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
999 WOODCOCK RD., STE. 214 ORLANDO FL 32803				310	5 McCroy Pl. #29	9	
URLANDU FL 32003				83	·		
				84 City	.) [85 Zip C	
					rlando FI		803
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S e of Florida. Such change v	tatutes, the as authoriz	above-named co	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	r changing its sintment as reg	registered
agent. I a	m familia accept the oblig	ations of, Section 607.0505	, Florida Si	atutes.	. / /		
SIGNATURE	19100	(, 5	· () /		SIDENT 1/21/9	<u>7</u>	
12.	Signature, type to printed name a registered agent and title if epplicable. (NOTE: R OFFICERS AND DIRECTORS			istered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12
TITLE	D			TITLE	1100110101010101010101010101010101010101	☐ Change	Addition
NAME	LUFCY, CHARLES E		ı	NAME		_ •	
STREET ADDRESS	999 WOODCOCK RD., STE. 2	14			3162 mecray DI. #299	ì	
CITY-ST-ZIP	ORLANDO FL 32803		ľ	CITY-ST-ZIP	Orlando, FL 32803		ľ
TITLE	ONE WEST C SESSO	☐ DELET		TITLÉ	Charles, I L Co so	☐ Change	Addition
NAME			2.2	NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP			•	4 CITY-ST-ZIP			
TITLE		☐ DELE1		TITLE		Change	☐ Addition
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREET ADDRESS	·		
CITY-ST-ZIP			3.4	I. CITY-ST-ZIP			
TITLE		DELE1		TITLE		☐ Change	Addition
NAME			4.:	2 NAME			
STREET ADDRESS				STREET ADDRESS	•	•	
CITY-ST-ZIP			1	CITY-ST-ZIP			
TITLE		DELE1		TITLE		Change	Addition
NAME			5.2	NAME			
	I		I	STREET ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with his 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Addition