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 # P97000054176

1. Corporation Name

DECORATIVE FINISHES BY JOEY, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90110 036 ***150.00



Principal Place	e of Business	Mailing Address			4 10011001 Statishir idati dasii dasii dalit dain drin drin drin traid dri idat
-8600 CYPRESS ROAD #300-					
PLANTATION FL 33317 PLANTATION FL 33317					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					06/19/1997
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21 - 10 D 1	E. COCO PLUM CIVAL				65-0744486 Not Applicable
Suite, Apt. #, etc.				<u>-</u>	5. Certificate of Status Desired Fee Regulred
22	# 1		ME		
City & Stat	e and Tatival Fix	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 22 Country Zip					
ー Zip みろ	277 BROW ARD	<u> </u>	Country		8. This corporation owes the current year Intangible Personal Property Tax.
24 /1 /1	9. Name and Address of Current				10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	10. Halle and Addison of the Hagines
WEH	HBY, JOSEPH M				
	CYPRESS ROAD #303		82	Street A	Address (P.O. Box Number 6) Not Acceptable 1
PLAI	NTATION FL 33317		83	0.	
				PLA	INTATION, R. BBBY
	2		84	City	FL 85 Zip Code
44 Dumunant	to the provisions of Scotlans 607 0502	and 607 1508 Florida Statutes th	ne above-	named co	proporation submits this statement for the nurroose of changing its registered
office or r	registered agent, or both, in the State o	f Florida. Such change was author	rized by th	he corpora	ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida 5	Statutes.		
SIGNATURE	Stonature, typed or printed name of registered agent	and title if analysable (NOTE: Pagin	rterned Ament	eigneture reg	quired when reinstating) DATE
12.	OFFICERS AND		13.	aignature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		1.1 TΠLE	$ \top$	Change ☐ Addition
NAME	WEBBY, JOSEPH A	1	1.2 NAME		10 to the
STREET ADDRESS	-6600-CYPRESS ROAD #303	1	1.3 STREET A	ADDRESS	ALOD E COCOPLUM CIYCLE #7
CITY-ST-ZIP	-PLANTATION FL-33317		1.4 CITY-ST-	- 1	PLANTANIANI A. MADYY
TITLE			2.1 TITLE		Change Addition
NAME		_	2.2 NAME	1	
STREET ADDRESS	·		2.3 STREET A	ADDRESS	
	'		2. 4 CITY-ST-		•
CITY-ST-ZIP TITLE			3.1 TITLE	-24	☐ Change ☐ Addition
"NAME	_		3.2 NAME		
STREET ADDRESS			3.3 STREET A	ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-		•
TITLE			4.1 TITLE		Change Addition
NAME			4. 2 NAME	ļ	
STREET ADDRESS			4.3 STREET A	ADORESS	
	[·	4.4 CITY-ST-		
CITY-ST-ZIP TITLE		·····	5.1 TITLE		☐ Change ☐ Addition
NAME	1	_	5.2 NAME		
STREET ADDRESS			5.3 STREET A	ADDRESS	,
	·		5.4 CITY-ST-		
CITY-ST-ZIP TITLE	-		6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
			6.3 STREET A	ADDRESS	
STREET ADDRESS	1				

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 carporation 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 an an attachment with an address, with all other like empowered.

SIGNATURE: URE REQUIREDIKELL M. WELLDY.