

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90078 004 \*\*\*158.75

DOCUMENT # P98000002452 ✓  
1. Corporation Name  
ART & DECOR INNOVATIONS INC.

Principal Place of Business Mailing Address  
1146 HOWELL CREEK DRIVE  
WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

52-2086110

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

✓

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

□

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTURO SIMMONDS  
1146 HOWELL CREEK DRIVE  
WINTER SPRINGS, FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 Arturo Simmonds

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

May 15/1999  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

□ Change □ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

□ Change □ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

□ Change □ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

□ Change □ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

□ Change □ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

□ Change □ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15/1999  
Date

Daytime Phone #

(407)  
354-0047

CR2E034 (11/98)