


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 # P98000013538 1. Corporation Name Thomas Decorating, Inc.		

FILED
99 SEP 30 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1007 Green Pine Blvd. Ste. B-1 West Palm Beach, FL 33409	Mailing Address 1007 Green Pine Blvd. Ste. B-1 West Palm Beach, FL 33409
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2-3-98	4. FEI Number 65-0806015	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

9. Name and Address of Current Registered Agent James R. Thomas 1002 Green Pine Blvd. Ste. A-2 West Palm Beach, FL 33409	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1007 Green Pine Blvd. 83 Ste. B-1 84 City West Palm Beach, FL 85 Zip Code 33409
--	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	Michael J. Thomas
STREET ADDRESS	1002 Green Pine Blvd., Ste. A-2
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> DELETE
NAME	James R. Thomas
STREET ADDRESS	1002 Green Pine Blvd., Ste. A-2
CITY-ST-ZIP	West Palm Beach, FL 33409
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1007 Green Pine Blvd., Ste. B-1
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1007 Green Pine Blvd., Ste. B-1
2.4 CITY-ST-ZIP	West Palm Beach, FL 33409
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	800003009128--6
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-10/07/99--0000--000
4.3 STREET ADDRESS	****150.00 ****150.00
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 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: James R Thomas Date: 9-24-99 Daytime Phone #: 561-471-7680

CR2E034 (11/98)

Cochrane & Co.

Certified Public Accountants

2

2801 Exchange Court
West Palm Beach, FL 33409

P.O. Box 3186
West Palm Beach, FL 33402

Telephone (561) 684-9566
Fax (561) 687-3528

September 24, 1999

Florida Dept. of State
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Thomas Decorating, Inc.
P98000013538
1999 Annual Report

Dear Sir:

Enclosed please find the above referenced Corporation's Profit Corporation Annual Report for 1999 and check #1636 in the amount of \$150.00.

Mr. Thomas respectfully requests the penalties for late filing be abated. The Company was incorporated February 1998. In October/November 1998 the Company moved from one building to the other building next door. Most of the mail was being forwarded to the new bay, however the new tenant's name was also Thomas and some of Thomas Decorating, Inc.'s mail was never received. Thank you for your consideration in this matter.

Sincerely yours,

COCHRANE & CO., P.A.



Reynolds J. Cochrane, C.P.A.P.F.A

RJC/dt
Enclosures