


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

**FILED**  
**Feb 18, 1999 8:00 am**  
**Secretary of State**

02-18-1999 90084 037 \*\*\*150.00

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # P98000062046**

1. Corporation Name

**SANDER KALAJ DECORATING, INC.**
 Principal Place of Business  
 1436 ISLAND SHORES DR.  
 WEST PALM BEACH FL 33413

 Mailing Address  
 1436 ISLAND SHORES DR.  
 WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

|                                |  |                     |  |  |  |   |  |
|--------------------------------|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number  |  | Applied For   |  |
| 21                             |  | 26                  |  | 1050848316   |  | Not Applicable  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired   |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 - May Be Added to Fees |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing   |  | <input type="checkbox"/> Trust Fund Contribution<br><input type="checkbox"/>                                      |  |
| 23                             |  | 28                  |  | 8. This corporation owes the current year Intangible Personal Property Tax |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 24                             |  | 25                  |  | 29   |  | 30  |  |

9. Name and Address of Current Registered Agent

**KALAJ, SANDER**  
**1436 ISLAND SHORES DR.**  
**WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|--------------------------|---|-----------------|
| TITLE                      | NAME                     | 1.1 TITLE   | Change Addition |
| NAME                       | 1436 ISLAND SHORES DR.   | 1.2 NAME  |                 |
| STREET ADDRESS             | WEST PALM BEACH FL 33413 | 1.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                          | 1.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | NAME                     | 2.1 TITLE   | Change Addition |
| NAME                       |                          | 2.2 NAME  |                 |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                          | 2.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | NAME                     | 3.1 TITLE   | Change Addition |
| NAME                       |                          | 3.2 NAME  |                 |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | NAME                     | 4.1 TITLE   | Change Addition |
| NAME                       |                          | 4.2 NAME  |                 |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | NAME                     | 5.1 TITLE   | Change Addition |
| NAME                       |                          | 5.2 NAME  |                 |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | NAME                     | 6.1 TITLE   | Change Addition |
| NAME                       |                          | 6.2 NAME  |                 |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                          | 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: SANDER KALAJ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

561-965-7410

Daytime Phone #

CR2E034 (1/98)