

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000102641**

1. Corporation Name

BEVERLY DECOR INTERNATIONAL-BDI, INC.

Principal Place of Business

**2000 ISLAND BOULEVARD
SUITE 904
WILLIAMS ISLAND FL 33160**

Mailing Address

**2000 ISLAND BOULEVARD
SUITE 904
WILLIAMS ISLAND FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 5300 MIRA VISTA DRIVE

Suite, Apt. #, etc.

22

City & State
23 PALM HARBOR FL

Zip Country
24 34685-3655 25 U.S.A.

2a. Mailing Address

26 5300 MIRA VISTA DRIVE

Suite, Apt. #, etc.

27

City & State
28 PALM HARBOR FL

Zip Country
29 34685-3655 30 U.S.A.

9. Name and Address of Current Registered Agent

**MAGGIO, VICTOR
2000 ISLAND BOULEVARD
SUITE 904
WILLIAMS ISLAND FL 33160**

10. Name and Address of New Registered Agent

81 Name MAGGIO, VICTOR

**82 Street Address (P.O. Box Number is Not Acceptable)
5300 MIRA VISTA DRIVE**

83

84 City PALM HARBOR FL 85 Zip Code 34685

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 **VICTOR MAGGIO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

**NAME MAGGIO, VICTOR
STREET ADDRESS 2000 ISLAND BOULEVARD
CITY-ST-ZIP WILLIAMS ISLAND FL 33160**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MAGGIO, VICTOR

1.3 STREET ADDRESS 5300 MIRA VISTA DRIVE

1.4 CITY-ST-ZIP PALM HARBOR, FL 34685-3655

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: **VICTOR MAGGIO**

25 AUGUST 99 727 944-2656

CR2E034 (5/99)