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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

DOCUMENT # P98000105469

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90105 013 \*\*\*150.00

NANCY I	MCNALLY DECORATIVE CO	Mailing Address	-	·			\ <b>13</b>        <b>  </b>			
624 GARDENIA TERRACE 624 GARDENIA TERRACE										
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444						DO NOT WRITE IN THIS SPACE				
	•					3. Date Incorporated or Qualifed				
		·				12/21/1998				<del></del>
2. Principal F	Place of Business	2a. Mailing Address	5			4. FEI Number 65 - 08 98 708		$\vdash$	<del></del>	Applies No.
21	4	26 Suite, Apt. #, et				63-08 18 708		\$8 ·		Applicable dditional
Suite, Apt.	#, etc.	27 Suite, Apr. #, et	u.			5. Certifcate of Status Desired				quired .
City & Sta	te	City & State		-		6. Election Campaign Financing		\$5.	.00	May Be
23		28				Trust Fund Contribution				Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year				
24	25	29	30			Personal Property Tax.		Yes		□No
	9. Name and Address of Curre	nt Registered Agent		04		10. Name and Address of New Registe	red A	gent		
DAM	MODOIAN DODIAN K			81	Name					
DAMMORGIAN, DORIAN K 1312 EAST BROWARD BOULEVARD				82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	AUDERDALE FL 33301			83						
11.0	ADDENDACE I E GOOD I			63						
				84	City		FL	85	Zip C	ode
office or	registered agent, or both, in the State arm familiar with, and accept the oblig	e of Flonda. Such change lations of, Section 607.050	was authorized 05, Florida Stati	utes.	ine corporati	poration submits this statement for the purpos on's board of directors. I hereby accept the a	<b></b>			
	Signature, typed or printed name of registered ac			Agen	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DIRE	CTO	2S IN 12
12. TITLE	PSTD OFFICERS A	ND DIRECTORS  ☐ DELE	13. ETE 1,1 TI	ΠF		ADDITIONS/CHANGES TO OFFICER	7 /116	☐ Cha		☐ Addition
NAME	MCNALLY, NANCY P		1.2 N/					_	-	_
	624 GARDENIA TERRACE				ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33444		1	TY-S1	ļ					
TITLE	00000	☐ DELE						☐ Cha	nge	Addition
NAME			2.2 N	AME						
STREET ADDRESS	5		2.3 ST	TREET	TADDRESS					
CITY-ST-ZIP			2.40	aγ.s	ST-ZIP					- <u>- '</u>
_TITLE		DELI	ETE 3.1 TI	TLE	·	•		Cha	nge	Addition
NAME			3.2 N	AMÉ	•					
STREET ADDRESS	<b>&gt;</b>		3.3 S1	TREET	TADDRESS					
CITY-ST-ZIP					ST-ZIP			☐ Cha		Addition
TITLE		☐ ĐELI							ngo	☐ Addition
NAME			4.2 N							
STREET ADDRESS	' '		•		T ADORESS					
CITY-ST-ZIP TITLE		☐ DELI		ITY-S T⊓ F	1-219			☐ Cha	ınge	Addition
NAME	18 Andrews		5.2 N		]			_	•	_
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP			5.4 C	ITY-S	IT-ZIP					_
TITLE		☐ DELI	ETE 6.1 TI	TLE			-	Cha	inge	Addition
NAME			6.2 N	AME						
STREET ADDRESS	s		6.3 S	TREET	T ADDRESS					
	1				1					

14. 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.