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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **S11828** (8)

1. Corporation Name

AFFORDABLE DECORATING, INC.

Principal Place of Business

Mailing Address

10117 W. OAKLAND PARK BLVD
SUNRISE FL 33351
SUITE 402
4824 HIATUS ROAD
SUNRISE FL 33351 **SAME**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1990** 3a. Date of Last Report **08/11/1994**

4. FEI Number **65-0219232** 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 has liability for intangible tax under S. 193.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business **10117 W. OAKLAND PK BLVD** 2a. Mailing Address **10117 W. OAKLAND PK BLVD**
Suite, Apt., etc. **402** Suite, Apt., etc. **402**
City & State **SUNRISE, FL** City & State **SUNRISE, FL**
Zip **33351** Country Country **33351**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACKEY, CATHERINE
4824 HIATUS RD
SUNRISE FL 33351

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

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

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MACKEY, CATHERINE**
STREET ADDRESS **4311 NW 117 AVE.**
CITY- ST- ZIP **SUNRISE FL**

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

TITLE **D**
NAME **MACKEY, EDWARD**
STREET ADDRESS **4311 NW 117 AVE.**
CITY- ST- ZIP **SUNRISE FL**

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

CATHERINE MACKEY
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

(305) 72-5010
TELEPHONE NUMBER