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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S54655

(3)

DECORA OFFICE FURNITURE/SUPPLIES, INC.

Principal Place of Business	Mailing Address
1100 W COMMERICAL BLVD	1100 W COMMERICAL BLVD

FILED Apr 23 1997 8:00am Secretary of State



FI LAUDERUA	ALE PL 30009	TI LAUDENDALL IF W	1300-01-40							
						3. Date Incorporated or Qualified 05/23/1991	3a. Date o		eport	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
21 26						65-6091379		Not Applicable		
Suite, Apt	Suite, Apt #, etc. Suite, Apt #, etc.				,	5. Certificate of Status Desired		\$8.75 Addition Fee Required		
City & State City & State						6. Election Campaign Financing		\$5.00	May Re	
23	28					Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Co	untry	,	8. This corporation has liability for	intangible tax	under s	199.032,	
24	25	29	30			Florida Statutes	Yes 🔽 N	4o		
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered Age	int		
ME	NCARELLI, WILLIAM A.			61	Name					
	OO W. COMMERCIAL BLVD.			82	Ctroat Andr	ess (P.O. Box Number is Not Acceptal				
	LAUDERDALE FL 33309			62	Street Addr	ess (P.O. Box Number is Not Acceptat) (BIC)			
• • • •	ENOBERDALE 1 E 00000			83	<u> </u>	The state of the s				
				84	City			35 Zip (Code	
				"	l		FL	, di	2040	
office or i agent. Fa						oration submits this statement for the pion's board of directors. I hereby acce		ment as	registered	
	Signal set typed or printed name of registered				ent signature requir	red when reinstating)	DATE		0.141.40	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			Addition	
TITLE	PD	DELETE		TITLE			ب	Change	Addition	
NAME	MENCRAELU, WILLIAM	_	1.21	NAME	1					
STREET ADDRESS	1100 W COMMERCIAL BLV	U	1.33	STREET	ADDRESS					
CITY - S1 - ZIP	FT LAUDERDALE FL		1.4.0	CITY - S	ST-ZIP					
THILE		☐ DELETE	2.1	FITLE			L	Change	Addition	
NAME			221	NAME	1					
STREET ADDRESS	1		23	STREET	r address					
CITY ST-ZIP	1		2.4	CITY-	ST-ZIP	·				
TITLE		☐ DELETE	31	TITLE				Change	Addition	
NAME	1		32	NAME						
STREET ACCORESS			33	STAEET	T ADDRESS					
Ci*Y-SI-7iP			3.4.	CITY-	ST-ZIP					
TITLE		DELETE	4.1	TITLE				Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS		•	4.3	STREFT	T ADDRESS					
Dity-St-7/P					ST - ZIP					
TILE		DELETE		TITLE	****			Change	Addition	
NAME				NAME				•		
STREET ADORESS			l l		T ADDRESS					
	Į.		4		1					
CITY-ST-ZII*		DELETE		CITY - S TITLE	ST-ZIP			Change	Addition	
		F" Directe					t!) Princings	L. Adviton	
NAME.				NAME						
STREET ADORESS			6.3	STREET	FADDRESS					
CITY-S1-ZIP	<u> </u>		6.4	CITY-S	ST-ZIP					
44 100 100	to a second of the state of the second fine and second	يتعرفوها وجرام والثار والطرار والانتيار المرازا	atificana sh		amontion state.	d in Contine 110 07(9Vi) Florida Ctatute	a Liudhar ac	with that	the	

4. I do 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 precute 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

Illiam A Menoarly

4-14-97

954-491-4844-310

Daytime Phone ▶