FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 27 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74740 (9)

1. Corporation Name
DECORATOR DESIGNS, INC.

Principal Place of Business	Mailing Address
% MACHEN, POWERS 301 W CAMINO GARDENS BLVD. #101 BOCA RATON FL 33432 US	% MACHEN, POWERS 301 W. CAMINO GARDENS BLVD. 101 BOCA RATON FL 33432-5823 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/14/1991
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 500 Azalea Lane	Suite, Apt. #, etc.: 27 500 Azalea Lane
City & State: 23 Vero Beach, FL	City & State: 28 Vero Beach, FL
Zip: 24 32963 Country: 25 USA	Zip: 29 32963 Country: 30 US

4. FEI Number: 65-0288183 ☐ 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. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DISQUE, PHILIP A 707 SE 3RD AVE SUITE ~~100~~ 400 FT LAUDERDALE FL 33316	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	DISQUE, PHILIP A	1.2 NAME	
STREET ADDRESS	707 S E 3RD AVE ~~#100~~ 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	☒ Change ☐ Addition
NAME	TAUREL, LEON	2.2 NAME	
STREET ADDRESS	301 W. CAMINO GARDENS BLVD, #101	2.3 STREET ADDRESS	500 Azalea Lane
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	DESROSIERS, SHEILA G	3.2 NAME	
STREET ADDRESS	301 W. CAMINO GARDENS BLVD, #101	3.3 STREET ADDRESS	500 Azalea Lane
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sheila Desrosiers 3/21/95 407 231 9771
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
SHEILA G. DESROSIERS

0437440 FR