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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90120 020 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S74740

1. Corporation Name
DECORATOR DESIGNS, INC.

Principal Place of Business
 1070 EGERT LAKE WAY
 MELBOURNE FL 32940
 US

Mailing Address
 P.O. BOX 411089
 MELBOURNE FL 32941
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0288183	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election: Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

DISQUE, PHILIP A
 707 SE 3RD AVE
 SUITE 400
 FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name **SHEILA G. DESROSIER**
 82 Street Address (P.O. Box Number is Not Acceptable)
1070 EGERT LAKE WAY
 83
 84 City **MELBOURNE** FL 85 Zip Code **32940**

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

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

Sheila G. Desrosiers
 (NOTE: Registered Agent signature required when reinstating)

DATE

6/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TAUREL, LEON	1.2 NAME	
STREET ADDRESS	1070 EGERT LAKE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DESROSIER, SHEILA G	2.2 NAME	
STREET ADDRESS	1070 EGERT LAKE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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.

SIGNATURE:

Sheila G. Desrosiers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/99

Daytime Phone #

407-243-
 6646

CR2E034 (11/98)