

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S78471** (7)

1. Corporation Name:

**DECOR-TO GO INC.**

Principal Place of Business:

**41608 THURSTON WAY  
ORLANDO FL 32832**

Mailing Address:

**41608 THURSTON WAY  
ORLANDO FL 32837**



2. Principal Place of Business:  
**DECOR TO GO, INC  
184 LANTERNBACK ISLAND DR  
SATELLITE BEACH FL  
32937**

3. Date Incorporated or Qualified <b>09/04/1991</b>	3a. Date of Last Report <b>04/03/1995</b>
4. FEI Number <b>65-0288656</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

24. ☐ 25. **USA** 29. ☐ 30. **USA**

9. Name and Address of Current Registered Agent

**SCALA, STEVE  
41608 THURSTON WAY  
ORLANDO FL 32837**

10. Name and Address of New Registered Agent

81. Name **Steve SCALA**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**184 LANTERNBACK ISLAND DR**  
83. **SATELLITE BEACH FL**  
84. City **32937**  
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

*Steve M. Scala*  
Signature of typed or printed name of registered agent and title of approver

*President*  
(NOTE: Registered Agent Signature required when reinstating)

**3/2/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCALA, STEVE</b>	
STREET ADDRESS	<b>41608 THURSTON WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCALA, AMELIA</b>	
STREET ADDRESS	<b>41608 THURSTON WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>184 LANTERNBACK ISLAND DR</b>
1.3 STREET ADDRESS	<b>SATELLITE BEACH FL</b>
1.4 CITY-ST-ZIP	<b>32937</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>184 LANTERNBACK ISLAND DR</b>
2.3 STREET ADDRESS	<b>SATELLITE BEACH FL</b>
2.4 CITY-ST-ZIP	<b>32937</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Steve M. Scala*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/96 (407) 779-2973**  
Date Daytime Phone #

CR2E034 (12/95)