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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$78471

1. Corporation Name

DECOR-TO GO INC.

Principal Place of Business	Mailing Address
184 Lanternback Island Drive	184 Lanternback Island Drive
Satellite Beach FL 32937	Satellite Beach FL 32937
US	US

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90039 007 ***150.00



184 LANTERNBA SATELLITE BEA US	ACK ISLAND DRIVE CH FL 32937	184 LANTERNBACK ISLAND DRIVE SATELLITE BEACH FL 32937 US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/04/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	I . -	Applied For	
21		26			65-0288656		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired			
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country 25	Zip 29	Country 30	,	This corporation owes the current year In Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
scala, steve 184 lanternback island drive			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SATE	ELLITE BEACH FL 32937		83					
			84	City	FI	85 Zi	Code	
44 - D	to the annual line of Sections 607.05	502 and 607 1508 Florida Statut	es the abov	e-named cor		- 1 1	ts registered	
office or re agent. I ar	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	uthorized by rida Statutes	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as	registered	
SIGNATURE	Signature, typed or printed name of registered as	Alors	- Decistered Age	nt sianatura raqui	red when reinstating) DATE			
12.	-	AND DIRECTORS	13.	in althuma todan	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 TITLE			☐ Chang		
NAME	SCALA, STEVE	_	1.2 NAME					
STREET ADDRESS	184 LANTERNBACK ISLAND	DBME		TADDRESS				
	SATELLITE BEACH FL 32937		1.4 CITY-S					
CITY-ST-ZIP TITLE	VP	□ DELETE	2.1 TITLE	11-211		Chang	∋ ☐ Addition	
	**		2.2 NAME				_	
NAME	SCALA, AMELIA S 184 LANTERNBACK ISLAND	DDI\/E.:		TADDRESS	والمنافقة المنافقة ا	جيد ۽ بيد		
STREET ADDRESS	•							
CITY-ST-ZIP	SATELLITE BEACH FL 32937	□ DELETE	2. 4 CITY-1	SI-ZIP		Chang	Addition	
TITLE		D DECETE						
NAME			3.2 NAME	* +000500				
STREET ADDRESS				TADORESS				
CITY-ST-ZIP		- Delete	3.4. CITY-5	ST-ZIP		Chang	e Addition	
TITLE		☐ DELETE	4.1 TITLE			Cloud		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	iT-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1		☐ Chang	e	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				
ÇITY-ST-ZIP		v.	5,4 CITY-S	ST-ZIP	<u></u>			
TITLE	1 - 1	☐ DELETE	6.1 TITLE		-	Chang	e Addition	
NAME 1.4	AND COMPANY SERVICE		6.2 NAME					
. ۱ ، ۱ ا	5 1%		6,3 STREE	TADDRESS				
STREET ADDRESS	-		6.4 CITY-S					

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 open attachment with an address, with all other like empowered.

SIGNATURE: