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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81912 (5)

HOLLAND'S HOME DECORATORS, INC.

FILED

May 06 1998 8:00am

Secretary of State

| Principal Place of Business Mailing Address | | | | | /// DIBIN BIBN DIBN DIBN 1881 |
|---|--|------------------------------------|----------------------------------|---|--------------------------------|
| 9538 HARDING AVE 9538 HARDING AVE | | | | | |
| SURFSIDE FL 33154 | | SURFSIDE FL 33154 | | | |
| | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| | | T-2-77 | | 09/23/1991 | |
| | lace of Business | 2a. Mailing Address | 7101 | 4. FEI Number | Applied For |
| Sulte, Apt. | # ato | 26 18151 NE Suite, Apt. #, etc. | 31 C+ | 65-0290250 | Not Applicable |
| | #, G (C) | \Box \sim 101 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 6 | City & State | | C Flastica Companies Financia | |
| 23 | ~ | 28 Aventur | O. FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cu | |
| 24 | 25 | 29 33160 3 | 0 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Current | | | 10. Name and Address of New Registered | J Agent |
| HOLLAND, SHARON M. 81 | | | | banca Halland- | kantor |
| 9538 HARDING AVE. | | | 82 Street Add | > NA CON HO 110 O C Tress (P.O. Box Number is Not Acceptable) | <u> Kantoi</u> |
| SURFSIDE FL 33154 | | | 181 | SI NE 31 C+- | 3101 |
| | | | 83 | | |
| | | | 84 City | | Int. 710 Code |
| | | | | .vontura Fl | 85 Zip Code 33 KD |
| 11. Pursuant | to the povisions of Sections 607.0502 | and 607.1508, Florida Statutes | the above named con | poration submits this statement for the purpose | of changing its registered |
| 11. Pursuant to the Advisions of Sections 607 05:02 and 607, 15:08, 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 fact any integral and accept the appointment as registered agent. I am fact any integral and accept the appointment as registered agent. I am fact any integral and accept the appointment as registered agent. | | | | | |
| SIGNATURE DILLOND - CONTO | | | | | |
| | fignature typod or proted wine of registered agent | | Registered Agent signature requi | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | D MOLLAND MANTOD CHADON | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | HOLLAND-KANTOR, SHARON 9538 HARDING AVE. | | 1.2 NAME | | |
| STREET ADDRESS | SURFSIDE FL | | 1.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | BUNFSIDE FL | DELETE | 1.4 CiTY-ST-ZIP | | Change Addition |
| TITLE | | C) DETEIR | 21 TITLE | | CHARIDE T MOOKIDE |
| NAME | | | 2 2 NAME | , t | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 2 4 CITY - ST - ZIP 3 1 TITLE | | Change Addition |
| NAME | | - ottest | 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. Thereby 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 copporation 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 chapter 607, or on an attachment with an address.