

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 6/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

94 AUG 11 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S95603** (4)

1. Corporation Name

DECA CUSTOM FURNITURE INC.

Mailing Address

3333 N. FED. HWY

#5

BOCA RATON FL 33431

US

Principal Place of Business

3333 N. FED. HWY

#5

BOCA RATON FL 33431

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1991

3a. Date of Last Report

02/24/1993

4. FEI Number

65-0286645

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

6. Election Campaign
Financing Trust
Fund Contribution ☐

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes ☐ Yes ☐ No

2. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Principal Place of Business

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

30

9. Name and Address of Current Registered Agent

LAGAN, JANE F.

3333 NORTH FEDERAL HIGHWAY

BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81

Name **JANE F. JOSEPH**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE **JANE F. JOSEPH**

Signature, typed or printed name of registered agent and list of applicable

JANE F. JOSEPH

(If the Registered Agent voluntarily resigned, attach resignation)

12. OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

P

JOSEPH, MICHAEL

886 SW AMETHIST TERRACE

PORT ST. LUCIE FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

13.

CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 111.02(1)(b) 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 its receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL JOSEPH PRES.

8-3-94

407-391-9252