


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90113 032 ***150.00

0129278

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

DOCUMENT # 227168
 1. Corporation Name
DADECO INVESTMENT CORP.



Principal Place of Business 520 S W 63RD TERRACE PLANTATION FL 33317 US	Mailing Address P O BOX 3542 HIALEAH FL 33013-3542 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5722 S. FLAMINGO ROAD Suite, Apt. #, etc. 22 SUITE # 333 City & State 23 FORT LAUDERDALE, FL Zip 24 33330	2a. Mailing Address 26 5722 S. FLAMINGO ROAD Suite, Apt. #, etc. 27 SUITE # 333 City & State 28 FORT LAUDERDALE, FL Zip 29 33330	30 USA
--	---	--------

3. Date Incorporated or Qualified 08/20/1959	4. FEI Number 13-6158372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYES ST
 STE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEARER, BARBARA	
STREET ADDRESS	520 SW 63RD TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAILEY, ELIZABETH	
STREET ADDRESS	520 SW 63RD TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROGERS, ROY	
STREET ADDRESS	520 S W 63RD TERRACE	
CITY-ST-ZIP	PLANTATION FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHEARER, BARBARA	
1.3 STREET ADDRESS	5722 S. FLAMINGO ROAD SUITE # 333	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33330	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAILEY, ELIZABETH	
2.3 STREET ADDRESS	5722 S FLAMINGO ROAD SUITE # 333	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33330	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROGERS, ROY	
3.3 STREET ADDRESS	5722 S. FLAMINGO ROAD SUITE # 333	
3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33330	
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 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: Elizabeth Bailey DATE: 4/28/99 DAYTIME PHONE: (954) 382-0945

CR2E034 (1/198)