

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 371082 (9)

1. Corporation Name
DECA INVESTORS, INC.



Principal Place of Business
**501 S. W. 158 TERRACE #203
 PEMBROKE PINES FL 33027**

Mailing Address
**501 S. W. 158 TERRACE #203
 PEMBROKE PINES FL 33027-1121**

3. Date Incorporated or Qualified **10/12/1970** 3a. Date of Last Report **04/30/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1410860		Applied For Not Applicable	
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	24	25	28	29	30		
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent

**PALAMARA, CHARLES T.
 501 SW 158 TERRACE #203
 PEMBROKE PINES FL 33027**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, ROBERT A	1.2 NAME	
STREET ADDRESS	501 SW 158TH TERR, #203	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 0	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFIELD, NEIL	2.2 NAME	
STREET ADDRESS	501 SW 158TH TERR, #203	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 0	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRINGTON, WILLIAM	3.2 NAME	
STREET ADDRESS	501 SW 158TH TERR, #203	3.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 0	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, PHILLIP E	4.2 NAME	
STREET ADDRESS	501 SW 158TH TERR, #203	4.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 0	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAMARA, CHARLES T.	5.2 NAME	
STREET ADDRESS	501 SW 158 TERR, #203	5.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **CHARLES T. PALAMARA** *Charles T. Palamara* **4/17/97** **954-462-1055**

CR2E034 (9/96)