


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90013 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 371082
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1410860	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

3. Date Incorporated or Qualified	10/12/1970
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	
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, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASE, ROBERT A	
STREET ADDRESS	501 SW 158TH TERR, #203	
CITY-ST-ZIP	PEMBROKE PINES, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARFIELD, NEIL	
STREET ADDRESS	501 SW 158TH TERR, #203	
CITY-ST-ZIP	PEMBROKE PINES, FL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FARRINGTON, WILLIAM	
STREET ADDRESS	501 SW 158TH TERR, #203	
CITY-ST-ZIP	PEMBROKE PINES, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOHERTY, PHILLIP E	
STREET ADDRESS	501 SW 158TH TERR, #203	
CITY-ST-ZIP	PEMBROKE PINES, FL 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PALAMARA, CHARLES T.	
STREET ADDRESS	501 SW 158 TERR, #203	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: *Charles T. Palamara* 4/27/99 954-462-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)