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 # F30699

(5)

DECKER INSTRUMENTS, INC.

(3)

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address		1		
	KA-VNLND ROAD		13709 S.APOPKA-VNLND ROAD				
ORLANDO FL	32821	ORLANDO FL 32821			DO NOT WRITE IN	N THIS SPACE	
1					3. Date Incorporated or Qualified		
					04/15/1981		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2159657	N	ot Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	☐ Fee R	equired
City & State)	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	DebbA DebbA	to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 3		_] No
	g, Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Regi	stered Agent	
DEC	CKER, ELIZABETH		81	Name			
	'09 SR 535		82	Street Add	tress (P.O. Box Number is Not Acceptable)	
OR	LANDO FL 32821		<u></u>			· · · · · · · · · · · · · · · · · · ·	
			83				
			84	City		85 Zip	Code
				,	rporation submits this statement for the pur	FL S	
SIGNATURE	m familiar with, and accopt the oblig				ation's board of directors. I hereby accept	DATE	
12.		ND DIRECTORS	13.	on organization or resign	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RŞ IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	DECKER, ELIZABETH B	_	1.2 NAME				
STREET ADORESS	13709 SR 535		1.3 STREET	T ADDRESS			
CITY - ST - ZIP	ORLANDO FL		1.4 CiTY-1				
TITLE	VSD	DELETE	2.1 TITLE	<u> </u>		Change	Addition
NAME	DECKER, SHANNON E		2.2 NAME				
STREET ADORESS	13709 SR 535		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-				
TITLE	DVT	DELETE	3.1 TITLE			☐ Change	Addition
NAME	DECKER, JOEL		3.2 NAME				
STREET ADDRESS	13709 SR 535		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-SI-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	ı		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
	certify that the information supplied	with this filing does not qualify "			in Section 119.07(3)(i), Florida Statutes. I fu	urther certify that th	e Information

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 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.

Solution 13 if changed in the control of the corporation of the corporati