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Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 267819 (1)  
1. Corporation Name  
DECARLO ENTERPRISES, INC.



Principal Place of Business Mailing Address  
MR. CHARLES DECARLO MR. CHARLES DECARLO  
719 N.E. 1ST STREET 719 N.E. 1ST STREET  
GAINESVILLE FL 32601 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/08/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1227567	
24 Country		30 Country		Applied For	
				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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DECARLO, CHARLES L 719 N.E. 1ST STREET GAINESVILLE FL 32601				81 Name ROSE ELLEN VAN PATTEN	
				82 Street Address (P.O. Box Number is Not Acceptable) 14625 SW 83 PLACE	
				83	
				84 City MIAMI FL 85 Zip Code 33150	

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 *Rose Ellen Van Patten*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-3-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRES. AND SECR
NAME	DECARLO, CHARLES L.	1.2 NAME	CHARLES DE CARLO
STREET ADDRESS	719 N.E. 1ST STRET	1.3 STREET ADDRESS	14625 SW 83 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	MIAMI FL 33150
TITLE		2.1 TITLE	VP and TREASURER
NAME		2.2 NAME	ROSE ELLEN VAN PATTEN
STREET ADDRESS		2.3 STREET ADDRESS	14625 SW 83 PLACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33150
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

*Charles L. Decarlo*

2 3 98 1305 220 3049

CR2E034 (10/97)