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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 527422

7422 (0)

DECKER INDUSTRIES, INC.

FILED Jan 23 1997 8:00am Secretary of State

|--|

Principal Place of Business		Mail-ng Address				T DESCRIT STATE TIDES HERET BIRDE TIDES HINS BIRST STATE CHARLE WINTER STRIKE STATE (SERVI			
5051 S.E. FEO P.O. DRAWER PORT SALERN		5051 S.E. FEDERAL HIGHWAY P.O. DRAWER R PORT SALERNO FL 34992-0526							
						3. Date Incorporated or Qualified 03/09/1977		te of Last F <b>0/1996</b>	Report
	hace of Business	2a. Mailing Address	ì			4. FEI Number		A	oplied For
21		26				59-1725017			ot Applicable
Suite, Apt	# 650	Suite, Apt. #, etc	0.			5. Certificate of Status Desired			Additional
22 City & Stat		City & State							equired
23	.c	28				Election Campaign Financing     Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
I Zip I Country		Zip Country			,	<del></del>			
24	25	29	30			8. This corporation has liability for Florida Statutes	Trangible		s. 199.032,
	9. Name and Address of Curr		[00]	Τ		10. Name and Address of New Re			
DEC	KER, FREDRIC H			81	Name				
	1 SE FEDERAL HWY			82	Stroot Add	ress (P.O. Box Number is Not Acceptat	alo)		
STU	JART FL 34997			0.2	Sileel Add	ress (F.O. BOX Namber is NOt Acceptat	леј		
				83				<del></del>	
				84	City			Tee   7:-	C-4-
i !				04	City		FL	<b>85</b> Zip	Code
office or r agent lia	to the provisions of Sections 607.05 registered agent, or both lin the Sta rm familiar with, and accept the obli-	te of Florida. Such change	was authorize	d by	the corporal	poration submits this statement for the partition's board of directors. I hereby acceptions	ourpose of pt the appo	changing i sintment as	ts registered registered
SIGNATURE	Egyptical types of professional or egyptimes.	nertari dak itappleable	(NOTE Registers	d Age	int signature requi	irec when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
THTLE	PD	OELET	E 1,1 TI	TLE				Change	Addition
NAME	DECKER, FREDRIC H		1.2 N	AME					
STREET ADDRESS	3423 S.E. JEFFERSON ST.		1.3 S	TREET	ADORESS				
CITY - ST - ZIP	STUART FL		1.4 CI	ITY-S	T- ZIP				
TITLE	VSTD	☐ DELET	E 2171	TLE				Change	Addition
NAME	DECKER, CRAIG W		2 2 N	AME					
STREET ADDRESS	800 E. PARKWAY		2.3 \$	TREET	ADDRESS				
CITY ST-ZIP	STUART FL		2 4 0	ITY-5	ST-21P				
TITLE	VO	☐ DELET	E 31 TI	TLE				Change	Addition
NAM <del>?</del>	DECKER, CRAIG W.		3.2 N	AME					
STREET ADDRESS	910 OCEAN ROAD		3.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	STUART FL		3.4 0	iTY-S	ST-ZIP				
TITLE		☐ DELET	Ë 4.1 ȚI	TLE				Change	Addition
NAME			4 2 N	IAME					
STREET ADDRESS			435	TREET	ADDRESS				
COY ST ZIP	•			ITY-S	T - ZIP				
1111.€		DELET	E 5111	TLE				Change	Addition
NAM(			5.2 N	AME					
STREET ADDRESS			5.3 S	REET	ADDRESS				
COY-\$1-702			54 C	ITY-S	T-ZIP				
TITLE		DELET	E 61TI	TLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			5.2 N	AME					
STREET ADORESS			6.3 \$	TREET	ADDRESS				
CHY+ST+ZIP			64 C	TY - S	T-ZIP				
44 1 4 - 5 1	burness of the state of the sta	1 20 01 2 61							

4. I do hereby centry 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 13 or flock 13 if changed, or on an attachment with an address.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

561-283-4004

Daytime Phone #