

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 2:54

DOCUMENT # 824557 (3)

1. Corporation Name
DECOMA ENTERPRISES, INC.

Principal Place of Business *ALLEN & OHARA INC 3385 AIRWAYS BOULEVARD MEMPHIS TENNESSEE 38116	Mailing Address *ALLEN & OHARA INC 3385 AIRWAYS BOULEVARD MEMPHIS TENNESSEE 38116
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1970	3a. Date of Last Report 05/11/1994
21		26		4. FEI Number 62-0842646	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, HARRY S.	1.2 NAME	
STREET ADDRESS	231 GARDENIA	1.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, PAT J.	2.2 NAME	
STREET ADDRESS	1506 BROWNWOOD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LEYTON L	3.2 NAME	NO LONGER WITH COMPANY NOT REPLACED AT THIS DATE
STREET ADDRESS	6429 RIVER TIDE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, BARBARA S	4.2 NAME	
STREET ADDRESS	231 GARDENIA	4.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, PAUL O	5.2 NAME	
STREET ADDRESS	9200 ROCKY CANNON DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORDOVA TN	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, CLYDE C.	6.2 NAME	
STREET ADDRESS	6811 LARCH LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pat J. Jansen Pat J. Jansen, SR., V.P. - FINANCE 2-1-95 (901) 345-7620.
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR