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**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 38116-3841**

3. Date Incorporated or Qualified **05/19/1970** 3a. Date of Last Report **05/01/1996**

4. FEI Number **62-0842646** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BOLDING, JAY D	
STREET ADDRESS	3385 AIRWAYS BLVD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JANSEN, PAT J.	
STREET ADDRESS	1506 BROWNWOOD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAYS, BARBARA S	
STREET ADDRESS	231 GARDENIA	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWER, PAUL O	
STREET ADDRESS	9200 ROCKY CANNON DR.	
CITY-ST-ZIP	CORDOVA TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, CLYDE C.	
STREET ADDRESS	6611 LARCH LANE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>HARRY S. HAYS</i>	
1.3 STREET ADDRESS	<i>231 GARDENIA</i>	
1.4 CITY-ST-ZIP	<i>Memphis, TN</i>	
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 do 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 in 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Executive Vice President 5/1/97 (901) 345-7620

CR2E034 (9/96)