

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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 824557 (3)**

1. Corporation Name  
**DECOMA ENTERPRISES, INC.**



Principal Place of Business <b>WALLEN &amp; OHARA INC</b> <b>3385 AIRWAYS BOULEVARD</b> <b>MEMPHIS TENNESSEE 38116</b>	Mailing Address <b>WALLEN &amp; OHARA INC</b> <b>3385 AIRWAYS BOULEVARD</b> <b>MEMPHIS TENNESSEE 38116</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>530 Oak Court Drive</b> Suite, Apt. #, etc. 22 <b>Suite 300</b> City & State 23 <b>Memphis, TN</b> Zip 24 <b>38117</b>	2a. Mailing Address 26 <b>530 Oak Court Drive</b> Suite, Apt. #, etc. 27 <b>Suite 300</b> City & State 28 <b>Memphis, TN</b> Zip 29 <b>38117</b>	3. Date Incorporated or Qualified <b>05/19/1970</b>	4. FEI Number <b>62-0842646</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	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 <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	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 <b>FL</b>
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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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P HAYS, HARRY S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>231 GARDENIA</b>	1.2 NAME	
STREET ADDRESS	<b>MEMPHIS TN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>S HAYS, BARBARA S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>231 GARDENIA</b>	2.2 NAME	
STREET ADDRESS	<b>MEMPHIS TN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>P BOWER, PAUL O</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9200 ROCKY CANNON DR.</b>	3.2 NAME	<b>Bower, Paul O</b>
STREET ADDRESS	<b>CORDOVA TN</b>	3.3 STREET ADDRESS	<b>9200 Rocky Cannon Dr</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>CORDOVA, TN</b>
TITLE	<b>D PORTER, CLYDE C.</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<b>6011 LARCH LANE</b>	4.2 NAME	<b>Williamson, John A.</b>
STREET ADDRESS	<b>MEMPHIS TN</b>	4.3 STREET ADDRESS	<b>530 OAK COURT, STE 300</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Memphis, TN 38117</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 \_\_\_\_\_ Date **4/18/98**

CP2E034 (10/97)