

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90003 015 \*\*\*150.00

0071804

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94447**

1. Corporation Name

**DECKGRANGE (FLA.), INC.**



Principal Place of Business  
772 US HWY 1, SUITE 200  
N PALM BCH FL 33408

Mailing Address  
772 US HWY 1, SUITE 200  
N PALM BCH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/12/1982**

4. FEI Number

**59-2310204**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIESENECK, PAUL M.**  
**772 US HWY 1, SUITE 200**  
**N PALM BCH FL 33408**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **MCINTYRE, MURDOCH**  
STREET ADDRESS **772 US HWY 1, SUITE 200**  
CITY-ST-ZIP **N PALM BCH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE  
NAME **MCINTYRE, SHINOA B W**  
STREET ADDRESS **772 US HWY 1, SUITE 200**  
CITY-ST-ZIP **N PALM BCH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

1944441  
588531-90003  
-15

WIESENECK, ANDRES & COMPANY, P.A.

*Certified Public Accountants*

772 U.S. HIGHWAY 1  
NORTH PALM BEACH, FLORIDA 33408  
(561) 626-0400

THOMAS B. ANDRES, C.P.A., C.V.A.  
PAUL M. WIESENECK, C.P.A.

Fax (561) 626-3453

STEVE A. GOINDOO, C.P.A.  
LICENSED IN NEW YORK STATE  
LISA M. JOHANSEN, C.P.A.

June 30, 1999

Katherine Harris  
Secretary of State  
Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

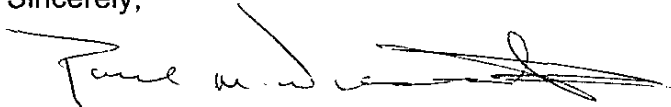
Re: Deckgrange of Florida  
FEI # - 59-2310204

Dear Ms. Harris,

We are the Certified Public Accountants for the above referenced taxpayer. We have been asked to reply to the second request for the Corporate Annual Report filing fees. Our client did not receive the initial request for the filing fee. Had they received this notice, they would have filed it timely. Due to their non-receipt of the first notice and their timely filing of this report in years past, we respectfully request the abatement of the \$400.00 fee for late filing. Enclosed, please find a check for \$150.00 for the filing fee for a profit corporation.

If you have any questions, please do not hesitate to call.

Sincerely,



Paul M. Wieseneck  
Certified Public Accountant