

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

**APPROVED AND FILED**

**95 APR 21 AM 9:31**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # G44470 (4)**

**1. Corporation Name  
DEC ELECTRIC, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Principal Place of Business Mailing Address  
% JAMES R. MEARS  
1945 W.COPANS ROAD  
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

**2. Principal Place of Business 2a. Mailing Address**  
21 **809 NW 57<sup>th</sup> Street** 26 **809 N.W. 57<sup>th</sup> Street**  
City & State 27  
**Ft. Lauderdale, FL** **Ft. Lauderdale, FL**  
23 **33309** 25 **USA** 29 **33309** 30 **USA**

**3. Date Incorporated or Qualified 3a. Date of Last Report**  
**06/20/1983 03/07/1994**  
**4. FEI Number** Applied For  
**59-2299965** Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
**6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent** **10. Name and Address of New Registered Agent**  
**MEARS, SUSAN** **81 Name**  
**4782 NW 68TH AVENUE** **82 Street Address (P.O. Box Number is Not Acceptable)**  
**LAUDERHILL FL 33319** **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** *Susan Mears* **Susan Mears, President** **4/14/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEARS, JAMES R.</b>	1.2 NAME	
STREET ADDRESS	<b>4782 NW 68TH AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAUDERHILL FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITEHURST, GARY A.</b>	2.2 NAME	<b>Delete this entry in its entirety.</b>
STREET ADDRESS	<b>4858 N.W. 50TH STREET</b>	2.3 STREET ADDRESS	<b>Gary Whitehurst no longer w/ company</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DPT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEARS, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>4782 NW 68TH AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAUDERHILL FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Susan Mears* **Susan Mears (305)** **4/14/95** **351-1313**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone (Area #)