Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90077 044 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G54238

1. Corporation Name

DECISIONEERING, INC.

Principal Place of Business Mailing Address  C/O RICHARD C. BURNARD  840 SE 5TH AVE  POMPANO BEACH FL 33060 POMPANO BEACH FL 33060					DO NOT WRITE IN T  3. Date Incorporated or Qualifed  08/15/1983	: Olf 4684) Bigit Bigit 6	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 26		26			59-2356566	Not Applicable	
Suite, Apt. #; etc.		Suite, Apt. #, etc.	<b>├-</b> ¬		5. Certificate of Status Desired   - \$8.75 Additional Fee Required		
City & State .		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip				Country  8. This corporation owes the current year Intangible Personal Property Tax.  Yes No			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	i
BURNARD, RICHARD C. 840 SE 5TH AVE POMPANO BEACH FL 33060			82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code				
office or n	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida. Such change was autations of, Section 607.0505, Florid	horized by la Statute	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppolitiment as ret	gistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	CPT	DELETE				☐ Change	☐ Addition
NAME	BURNARD, RICHARD C		1.2 NAME				
STREET ADDRESS	840 SE 5TH AVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	POMPANO BCH, FL 00000		1.4 CITY-1	ST-ZIP			
TITLE	DS DELETE		2.1 TITLE			Change	Addition
NAME	BURNARD, MARION D		2.2 NAME	ĺ			
STREET ADDRESS	840 SE 5TH AVE		2.3 STRE	TADDRESS		<del></del>	
CITY-ST-ZIP	POMPANO BCH, FL 00000		2. 4 CITY-	ST-ZIP			
TITLE	1	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			3.4. СПҮ-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	}		☐ Change	☐ Addition
NAME			4, 2 NAME	:			j
STREET ADDRESS	,		4.3 STREE	TADORESS			
CITY+ST-ZIP			4,4 CfTY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition

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 adachment with an address, with an other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 T/TLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Addition