FEE AFTER MAY 1ST IS $550.00

...RATION
...NUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AMENDED
FILED
99 MAY 17 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H12491

1. Corporation Name
DECCA REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
8865 SW 104TH LANE OCALA FL 34481 US	8865 SW 104TH LANE OCALA FL 34481 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1984

2. Principal Place of Business 21 11637 SW 90th Terrace	2a. Mailing Address 26 11637 SW 90th Terrace	4. FEI Number 59-2616172	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 11	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 OCALA, FL	City & State 28 OCALA FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 34481 Country 25 US	Zip 29 34481 Country 30 US	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GHUMMAN, KULBIR 8865 SW 104TH LANE OCALA FL 32676	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11637 SW 90th Terrace 83 84 City OCALA FL 85 Zip Code 34481

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GHUMMAN, KULBIR 8865 SW 104TH LANE OCALA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Add 11637 SW 90th Terrace OCALA, FL 34481
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BELL, JAMES A. 8865 SW 104TH LANE OCALA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Add 11637 SW 90th Terrace OCALA, FL 34481
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SMITH, EARL R. 8865 SW 104TH LANE OCALA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Add 11637 SW 90th Terrace OCALA, FL 34481
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add 600002892405 -06/02/90--01045--008 ****551.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 3-10-99 (352) 854-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — *Daytime Phone #

5/26/99