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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

May 08 1997 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # K93374** JOHN J. DECK, P.A. Principal Place of Business Mailing Address 3369 SHERIDAN STREET 3389 SHERIDAN STREET BUITE 298> HOLLXWOOD Pt-32021-3806 HOLLYWOOD FE \$9021 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1989 04/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 1531 HAMMOCK LANE 1531 HAMMOCK 65-0204844 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 28 PEMBROKE VINBS PEMBROKE YIND Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DECK, JOHN J. BECK, JOHN 3389 SHERIDAN ST., SUITE 206 Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD PL 33021 HAMMOCK вэ 84 EMBROKE 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 anguaceon the obligations of, Section 607.0505, Florida Statutes. 29-97 \$IGNATURE tered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE Change ___ Addition 1.1 TITLE THEF JECK, JOHN J. DECK, JOHN J. 1.2 NAME NAME 3389 Sheridan St. 298 1531 HAMMOCK LANE 1.3 STREET ADDRESS STREET ACORE HOLLYWOOD FL Pembroke Pines FL 330LL 14 CITY-ST-ZIP O1Y-\$1-76 DELETE Change Addition THLE 21 TITLE MALA 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-SY-ZIP CITY-ST DELETE 3.1 TITLE Change ___ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STEEL ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE THILE 41 TITE ☐ Change Addition Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition THIEF 5.1 TITLE Change NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Addition 6.1 TITLE TILLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZiP 14. I do 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 eath; that if am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block schment with an address.

SIGNATURE:

NOTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED