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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**

1. Corporation	MENT # K93374 DECK, P.A.						
Principal Place	e of Business	Mailing Address		_	1 10010111 010 10100 11100 11111 20011 0101 01011 0	(2() bien eien bi	JEJI 81511 1591
•		1531 HAMMOCK LANE					
1531 HAMMOCK LANE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026			16				
US US					DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualifed 06/07/1989		
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number	Apr	plied For
21		26			65-0204844	Not	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_		\$8.75 A	dditional
	eng mener	27			5. Certificate of Status Desired	Fee Red	quired .
City & State		City & State		_	6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	 'y	8. This corporation owes the current year Int	tangible	
24	25	29	30	•	Personal Property Tax.	Yes	XNo
24	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
		<u> </u>	8	1 Name	1110-00-1-1-1		
DECK, JOHN J.				O Chroat Ac	ddress (P.O. Box Number is Not Acceptable)		
1531 HAMMOCK LANE.			8.	Z Street Ad	duress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33026			8	3			
			ļ		- Li Evi like and the	T1	
	•		8	4 City	FL	85 Zip C	,ode
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	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Ag	ent signature requ	uired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	<u> </u>		1.1 TITLE	•		☐ Change	☐ Addition
NAME	DECK, JOHN J.		1.2 NAME	:			
STREET ADDRESS	1531 HAMMOCK LANE		1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 2.11		2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME	.			
STREET ADDRESS			2.3 STRE	ET ADDRESS		,	
CrTY-ST-ZIP	·		- 2.4 CITY	-ST-ZIP	<u> </u>		
TITLE	☐ DELETE 3.1		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	and the same of th		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM	E Ì			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE	I .		Change	☐ Addition
NAME	•		5.2 NAME				
STREET ADDRESS	•			ET ADDRESS	·		
CITY-ST-ZIP			5.4 CITY-				- Adams
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition }
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			}

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 changes. 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 changes.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS