

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


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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90009 045 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L20132			
1. Corporation Name KJC DECO I, INC.			
Principal Place of Business % CAMPBELL CAPITAL MGMT 9400 SO DADELAND BLVD. STE 111 MIAMI FL 33156 US		Mailing Address % CAMPBELL CAPITAL MGMT 9400 SO DADELAND BLVD. STE 111 MIAMI FL 33156 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/02/1989	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Country	65-0145702	Not Applicable
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMPBELL, KARELL 9400 SO DADELAND BLVD STE 111 MIAMI FL 33156		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		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 <u>[Signature]</u> DATE <u>1/14/99</u>			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
NAME	STREET ADDRESS	1.1 TITLE	
CITY-ST-ZIP	MIAMI FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)