FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 AM 9:05

DOCUMENT # **M81874** **(3)**

1. Corporation Name

MYRA DECKER, P.A.

Principal Place of Business

% MYRA DECKER
610 BARRY PLACE
INDIAN ROCKS BEACH FL 34635

Mailing Address

% MYRA DECKER
610 BARRY PLACE
INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/17/1988

3a. Date of Last Report: 04/19/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2884443 — Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc — 22 / Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23 / City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DECKER, MYRA
610 BARRY PLACE
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	DECKER, MYRA	1 2 NAME	
STREET ADDRESS	610 BARRY PLACE	1 3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN ROCKS BCH FL	1 4 CITY - ST - ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Myra Decker President MYRA DECKER 5/23/95 813-584-8480
SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR Date Daytime Phone #

0370728 CP