

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P11241 (7)**  
1. Corporation Name  
**DECOMA INVESTMENT, INC. III**

**FILED**  
98 APR 29 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE FL 33301**  
Mailing Address: **450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **08/25/1986**  
4. FEI Number: **76-0200162**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE 27TH FLOOR MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0602 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	NAME: <b>ROCHON, RICHARD C</b>	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: <b>450 EAST LAS OLAS BLVD., SUITE 1500</b>	CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33301</b>	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: <b>VPS</b>	NAME: <b>PIERCE, WILLIAM M</b>	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: <b>450 EAST LAS OLAS BLVD., SUITE 1500</b>	CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33301</b>	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: <b>T</b>	NAME: <b>BRANDEN, CRIS V</b>	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: <b>450 EAST LAS OLAS BLVD., SUITE 1500</b>	CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33301</b>	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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\*\*\*150.00 \*\*\*150.00  
**PVTS D BRANDEN CRIS V**

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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)