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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000027207

A DECADE APART, INC.

Principal Place	e of Business	Mailing Add	dress				-	 	0 0	M() (00) (00)
22671 SR 247		22671 SR 2	22671 SR 247							
LAKE CITY FL 32024		LAKE CITY	LAKE CITY FL 32024				20 10	T WOITE IN T	UIC CDACE	
US		US	US				DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualifed			
							04/13/1993	uailled		
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number		 	plied For
21		26					59-3183315			t Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.	•			5. Certifcate of Status Des	sired 🗆	\$8.75 A Fee Re	
City & Stat	е	City &	State				6. Election Campaign Fina	ancing _	\$5.00	
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	f	Count	try		8. This corporation owes t	he current year		□ Ain
24	25	29		30			Personal Property Tax.	Now Beginter		□No
	9. Name and Address of Curr	ent Registered A	gent		81 N	ame	10. Name and Address of	New Register	ea Agent	
CHR	ISTENSEN, DOUGLAS L			`	"	anie			. <u> </u>	
2267	'1 SR 247			[82 S	treet Addre	ess (P.O. Box Number is Not	Acceptable)		
LAKE	E CITY FL 32024			8	B3					
				8	84 C	ity		F	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508	Florida Statute	es, the abo	ove-na	med corpo	oration submits this statement	for the nurnose	of changing its	registered
I II. Fuisuain	to the provisions or occasions cor.o.	to of Clasida Overb	, ,	Ale a mine a al. N			n's heard of directors. I bereb	v accept the ar	pointment as reg	gistered
office or r	anistared agant or both in the Stat	te of Florida, Such	change was at	utnorizeo i rida Statut	ov the	corporatio	7, 0 Doding G. am 0010, G			·
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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.

6.4 CITY-ST-ZIP

May 07, 1999 8:00 am Secretary of State

05-07-1999 90040 027 ***150.00