FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000029923 (8)

	SIC DECK DESIGNS INC.				
Principal Place	e of Business	Mailing Address			
4720 N.W. BOCA RATON BLVD. STE. D-103 BOCA RATON FL 33431		4720 N.W. BOCA RAT BOCA RATON FL 334 US			
US				3. Date Incorporated or Qualified 04/22/1993	3a. Date of Last Report 04/24/1995
	iace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0405729	Not Applicable
Suite, Apt	#, €to.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z(j)	Country	Zip	Country	8. This corporation has liability for i	-
24	25	[29]	30		□No
	9. Name and Address of Curren	nt Hegistered Agent	81 Name	10. Name and Address of New R	legistered Agent
MEGGIN	IN IOSEBH				
	IA, JOSEPH An Mateo Drive E.		[82] Street Addi	ress (P.O. Box Number is Not Acceptab	le)
	RATON FL 33433		83		
200/			84 City		las I Zin Codo
			Gity City		FL 85 Zip Code
or registe	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec Standard report of proted range of registered agen	ida. Such change was authori. bon 607.0505, Florida Statute	zed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	ointment as registered agent. I am
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
THILE	D	☐ DELETE	1 STITLE		Change Addition
NAME	MESSINA, JOSEPH		1.2 NAME		
STREET ADDRESS	7659 SAN MATEO DR. E.		1.3 STREET ADDRESS		
CHY ST ZP	BOCA RATON FL 33433	D DI LETT	1.4 CITY-ST-ZIP		D Change D Addition
T TEF	D AMERICANA ANNI A	☐ DELETE	2 1 11115		☐ Change ☐ Addition
NAME STREET ADDRESS	MESSINA, ANN A 7659 SAN MATEO DR. E.		2.2 NAME 2.3 STREET ADDRESS		
CITY - \$1 - ZIP	BOCA RATON FL 33433		24 CITY-ST-ZIP		
THLE		☐ DELFTE	3 1 TITLE		Change Addition
NAM:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY ST-ZIP			3.4 CHY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME DESCRIPTION			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
OILY ST ZIP		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAMe			52 NAME		- I tourist
STREET ADDRESS			5.3 STREET ADDRESS		
CHEY-ST-ZIF			5 4 CITY-ST-ZIP		
TIFE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAM!			62 NAME		

(317- \$1-2)F

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 cath; 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:

3-8-96

985-7866

64 CiTY-ST-ZiP

CHY-S1-ZIP