SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

	1996
DOCU	MENT
1. Corporation	on Name

P93000040675 (9)

DECAR, INC.

SIGNATURE:

Principal Place of Business 732 HALEYBURY STREET PORT CHARLOTTE FL 33948 Mailing Address PO BOX 2805 PORT CHARLOTTE FL 33949			1 194(194) 418 19184 4141 6417 6817	iāsts Aātis Atāli (1914 6 9 1411 11	1881 BIN (881		
					3. Date Incorporated or Qualified 06/09/1993	04/07/1995		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		⊢	Applied For
1		26			65-0416432	· · · · · · · · · · · · · · · · · · ·		Not Applicable Additional
Suite, Apt #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	r intangible t	ax under	s. 199 032
24	25	29	30		Fionda Statutes	Yes 📗	No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New F	legistered A	gent	
WIC	KS, CAROL		81 1	Name Ca	ro/Wicks			417
	HALEYBURY ST.		82		ess (P.O. Box Number is Not Accepta		, .	
	RT CHARLOTTE FL 33948		83	73	2 Haleybury			
	-			Por	T CharlotT	e ,		
			84 (Dity		ᄼᄗ	85 2	o Code 2008
44-6	10-1	2 and CO7 1509 Etasida Cont	utos the above of	amed corpo	ration submits this statement for the	purpose of c	hanging	its registered
office or re	nistored agout, or both, in the State i	of Florida. Such change was	s authorized by the	corporatio	n's board of directors. Thereby acce	of the appoin	ntment as	registered
agent Lan	n familiar with, and accept the obliga					2/1	1/9	/
							(Z Z .	(p
SIGNATURE	the burney or ancho plane of a givered lane	or and the of applicable	k) IE. Required Agent 8	signature require	ed when reurstating)	··· [/]		
بالمرا	South to lypest or printed name of tog stered age. OFFICERS ANI	or and title it applicable. (1)	KOTE Registered Agents 13.	sgrature require	st when revistating) ADDITIONS/CHANGES TO OFF	N SILE		
SIGNATURE 12.	The late of the la	or and title it applicable. (1)	ezit negamen Agen, a	sgnature require		N SILE		DRS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.	signature require		N SILE	DIRECTO	DRS IN 12
12.	OFFICERS ANI	D DIRECTORS	13. 11 HILE			N SILE	DIRECTO	DRS IN 12
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12. TIFLE NAME STREET ADDRESS	P CAROL WICKS,	D DIRECTORS DELETE	13. 11 TITLE 12 NAME 1 3 STREET AD	ORESS		N SILE	DIRECTO	DRS IN 12 e Additio
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MONTPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

×7/11/96 941-764-1200