1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000072770

DECK KING OF SOUTH FLORIDA, INC.

Principal Place of Purioses					-			
Principal Place of Business Mailing Address								
701 NE 31ST ST 701 NE 31ST ST			-					
			MIAMI FL 33137 US		DO NOT WRITE IN THIS SPACE			
US	03	3. Date Incorporated or Qualifed						
	•			•	10/14/1993	•		
2. Data storet Di		2a. Mailing Address			4. FEI Number	I An	plied For	
			MORO ST				t Applicable	
			/// <u>///</u>	C 21	65-0467103			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 / Fee Re	· · · · · · · · · · · · · · · · · · ·	
Çity & State City & State				•	6. Election Campaign Financing	\$5.00	May Be	
$\overline{23}$ boccycod FL $\overline{28}$ Horright			D	FL	Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	·	8. This corporation owes the current year I	ntangible		
24 339:	20° 25 $U.S.$	29 33020 30	<u> </u>	<u>'</u> '.	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current			<u>-</u>	10. Name and Address of New Registere	d Agent		
					81 Name			
BARNICK, DERICK			_		(D.O. D. all J. Market Association)			
637 NE 31 STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAN		83						
			84	City		85 Zip (Code	
	•				F!		ì	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e abov	e-named cor	rporation submits this statement for the purpose of	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.								
	in latitude with, and accept the obligation	310 01, 0000017 007.00001, 1.01					ļ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	tered Age	nt signature requir	ired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	
TITLE	P	☐ DELETE 1	I.1 TITLE			Change	☐ Addition	
NAME	·		I.2 NAME				1	
STREET ADORESS	WALLET ALOT OF		3 STREE	T ADDRESS			į	
	•		I.4 CITY - S				1	
CITY-ST-ZIP			2.1 TITLE	31+217		Change	Addition	
TITLE	· · · · · · · · · · · · · · · · · · ·						_	
NAME	Dranton, Delation		2.2 NAMÉ				ļ	
STREET ADDRESS	1011, 1, 2701 01		2.3 STREE	TADDRESS			(
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE	☐ DELETE 3.1 TI		3.1 TITLE			Change	☐ Addition	
NAME		3	3.2 NAME				ļ	
STREET ADDRESS	·	3	3.3 STREE	TADDRESS			ł	
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP				
TITLE		☐ DELETE 4	.1 TITLE			☐ Change	Addition	
NAME			I. 2 NAME				ł	
STREET ADDRESS	· .	4	1.3 STREE	TADDRESS	-			
CITY-ST-ZIP	4.4.0		1.4 CITY-S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	*	☐ DELETE 5	5.1 TITLE		,	Change	. Addition	
NAME	: 5.2 N		.2 NAME		•			
STREET ADDRESS	5.3 \$		5.3 STREET ADDRESS					
CITY-ST-ZIP		. 5	5.4 CITY-9	ST-ZIP			•	
TITLE	-	°- □ DELETE 6	3.1 TITLE			☐ Change	Addition	

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 feceiver 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 many attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90133 009 ***150.00