PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000017758

## FILED Mar 04, 1999 8:00 am Secretary of State

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DECOMA	TUR SPECIALTIES, INC.					
Orincipal Olace	n of Business	Mailing Address			8) (18) (80) (80)	
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3830 N.W. 126TH AVENUE 3830 N.W. 126TH AVENUE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						
	50 12 00005		••	DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		ļ
				03/01/1994	<del></del>	
	Place of Business	2a. Mailing Address		4. FEI Number	<del></del>	plied For
21		26		65-0499757		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I		
24	25	29	30	Personal Property Tax.	Yes	No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registere	d Agent	<u>`</u>
MON	HE LINDA		81 Name	·	,	}
	NE, LINDA ) N.W. 126TH AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	RAL SPRINGS FL 33065		83			
			84 City		85 Zip (	Code
\				F		
office or re	to the provisions of Sections 607.0 registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was	authorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	oi changing its ointment as re	gistered
i aqeni, ra		galions of, Section 667.0303, 1	iorida Statutes.			1
_	the state of the s	gallons of, Section 607.0505, 1	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NO	E: Registered Agent signature require			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent signature require	ed when reinstaling)  ADDITIONS/CHANGES TO OFFICERS /		
SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	igent and title if applicable. (NO	13.		AND DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PTD MCNIE, LINDA	agent and title if applicable. (NO	TE: Registered Agent signature require  13. 1.1TITLE 12NAME			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PTD MCNIE, LINDA 16441 ONTARIO PLACE	agent and title if applicable. (NO	13. 1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS			
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

(954) 341-3080

Daytime

CR2E034 (11/98)