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

PROFIT CORPORATION ANNUAL REPORT

1996



SIGNATURE: X SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| Principal Plac | DEKA, INC | s | | 21078 ailing Address 5521 HAYES STRI | |) | | ····· | | | | |
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| HOLLYWO | OOD FL 33021 | | | HOLLYWOOD FL | | | | | | | | |
| 9 Dinaire D | No. of Co. | | | | | | | | 3. Date Incorporated or Qualit 03/14/1994 | ied 3a. [| Date of Las 05/01 | |
| 2. Principal P | Jace of Brisin | 0ss | 2a. 26 | Mailing Address | | | | | 4. FEI Number | | | Applied For |
| Suite, Apt. | #, etc. | | ··· | Suite, Apt. #, etc. | | | | | 65-0495429 | | | Not Applicable |
| 2 City & State | | | 27 | | | | | | 5. Certificate of Status Desired | | \$8.7 | 75 Additional Frequired |
| 3 | .e | | 28 | City & State | , | | | | 6. Election Campaign Financin | 9 | | .00 May Be |
| Zip | | Country | · | Ζ ₁ ρ | | Countr | | | Trust Fund Contribution | | Add | ded to Fees |
| 4 | | 25 | 29 | • | 30 | | , | | 8. This corporation has liability Florida Statutes | ,for intangible Yes ∷ No | tax under | s 199.032, |
| | 9, Name | and Address of Curren | t Registe | ered Agent | | | · | 1 | 10. Name and Address of Ne | w Registere | d Agent | |
| POLYT | TARIDES, G | FORGE | | | | 81 | | | | | Z | |
| POLYTARIDES, GEORGE 5521 HAYES STREET | | | | | | 82 | 82 Street Addre | | oss (P.O. Box Number is Not Acceptable) | | | |
| HOLLY | rwood fl | 33021 | | | | 83 | | | | | | |
| | | | | | | 84 | City | | | | ······································ | |
| 1. Pursuant to the provisions of Sections 507 0750 | | | | | 2 | | | | | F | L 85 2 | Zip Code |
| Pursuant to er registere | o me provisio | ons of Sections 607,0502 | and 607. | 1508, Florida Statu | ries, th | ie ahove r | named o | omoratio | n automita this atglement for the | | | |
| SIGNATURE | | | | | | | | | n submits this statement for the f directors. I hereby accept the a | purpose of a ppointment a | hanging its as registere | registered offic ed agent. I am |
| IGNATURE . | | printed name of registored agent a | and title if app | iicable (N | | gistered Agen | | | o roli stating) | purpose of a ppointment a | | |
| BIGNATURE | Signature, typen o | printed name of registered agont a OFFICERS AND | and title if app | iicable (N | | | | | | purpose of a ppointment a | ID DIRECT | ORS IN 12 |
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