

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000046778 (4)**

1. Corporation Name

DECORTE ENTERPRISES, INC.



Principal Place of Business

**1426 HYDE PARK DR
WINTER PARK FL 32792**

Mailing Address

**1426 HYDE PARK DR
WINTER PARK FL 32792**

2. Principal Place of Business

21 **33707 Sister Ave**

Suite, Apt. #, etc.

22

City & State

23 **Christmas, FL**

Zip

Country

24 **32709**

25 **Orange**

26 **33707 Sister Ave**

Suite, Apt. #, etc.

27

City & State

28 **Christmas, FL**

Zip

Country

29 **32709**

30 **Orange**

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3259846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**DECORTE, CATHERINE H
1426 HYDE PARK DR
WINTER PARK FL 32792**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Corporation (if not a corporation, the signatory is the applicant)

Signature of Registered Agent (if not a corporation, the signatory is the applicant)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**D
DECORTE, CATHERINE H
1426 HYDE PARK DR
WINTER PARK FL 32792**

☐ DELETE

2. TITLE

**President
Albert J. Decorte**

☐ DELETE

**33707 Sister Ave
CHRISTMAS, FL 32709**

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

☒ Change

☐ Addition

☐ Change

☒ Addition

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☐ Addition

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☐ Addition

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☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this form 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 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 changed, or on an attachment with an address.

SIGNATURE:

Catherine H. Decorte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96

407

568-1142

2-10-96

CR2E034 (12/95)