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PROFIT CORPORATION ANNUAL REPORT



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

710

1996

DOCUMENT # P9400068842 (1)

DECKMOR	ENTERPRISES,	INC.
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Principal Place of Business Mailing Address 5675 SW 35TH AVENUE 5675 SW 35TH AVENUE HOLLYWOOD FL 33312 HOLLYWOOD FL 33312 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1994 04/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0521276 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MORRIS DECKELBAUM Street Address (P.O. Box Number is Not Acceptable) 82 5675 SW 35TH AVENUE HOLLYWOOD FL 33312 **B3** City 85 Zip Code FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ D€LETE 1. 1 TOLE ☐ Change ☐ Addition NAME DECKELBAUM, MORRIS 1.2 NAME 5675 SW 35TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33312 CITY-ST-ZIP 1.4 CITY - ST - ZIP DVP DELFTE TILLE 2.1 HH.E ☐ Change Addition DECKELBAUM, GORDON NAME 2.2 NAME 5675 SW 35TH AVENUE STREET ADDRESS. 2.3 STREET ADDRESS HOLLYWOOD FL 33312 CPY-ST-ZIP 2 4 CITY - ST - ZIP DELETE THILE 3 1 THLE Change ☐ Addition NAME 3.2 NAME

14. Ido hereby certify that the information supplied with this filing 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

54 CITY-ST-ZIP

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4. 1 TITLE

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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