FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999_____

DOCUMENT # P9400068842

. Corporation Name

DECKMOR ENTERPRISES, INC.

	·
Principal Place of Business	Mailing Address
5675 SW 35TH AVENUE HOLLYWOOD FL 33312 US	5675 SW 35TH AVENUE HOLLYWOOD FL 33312 US

FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90019 001 ***150.00



DO NOT WRITE IN THI	S SPACE
Date Incorporated or Qualifed	
09/19/1994	- <u> </u>
FEI Number	Applied For
CE_0E01076	Not Applicable

			09/19/1994	•
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0521276	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		untry	This corporation owes the current year Interpretation Personal Property Tax.	MYes LINO
4 25		T	10. Name and Address of New Registered	Agent
9. Name and Address of Curre	ent Registered Agent	81 Name		
MORRIS DECKELBAUM 5675 SW 35TH AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33312		83	10000000000000000000000000000000000000	
·		84 City	FL	85 Zip Code

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.

ago / =			•			
SIGNATURE	NOTE: Re	gistered Agent signature requ	ired when reinstating) . A 43	DATE		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 12
_12	□ DELETE	1,1 TITLE	17 4 3 3 3 1 1		Change	Addition
TITLE		1.2 NAME	***	•		į
NAME	DECKELBAUM, MORRIS	1.3 STREET ADDRESS				Į.
STREET ADDRESS	5675 SW 35TH AVENUE					
CITY-ST-ZIP	HOLLYWOOD FL 33312	1.4 CITY-ST-ZIP		 	Change	☐ Addition
TITLE	DVP DELETE	2.1 TITLE		,	_	
NAME	DECKELBAUM, GORDON	2.2 NAME				
STREET ADDRESS	5675 SW 35TH AVENUE	2.3 STREET ADDRESS				
-	HOLLYWOOD FL 33312	2.4 CITY-ST-ZIP			Change	Addition
CITY-ST-ZIP	DELETE	3.1 TITLE	J		C1 Change	
TITLE	Age of the second of the secon	3.2 NAME	•			. }
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CITY-ST-ZIP	□ DELETE	4.1 TITLE			Change	Addition {
TITLE		4.2 NAME	•	•		Į
NAME		4.3 STREET ADDRESS		•		-
STREET ADDRESS		1				
CITY-ST-ZIP		4.4 CITY-ST-ZIP			☐ Change	☐ Addition
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CITY-ST-ZIP	<u></u>	5.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	DELETE	6.1 TITLE	•		. Lange	
	A CONTRACTOR OF THE CONTRACTOR	6.2 NAME				
NAME		6.3 STREET ADDRESS				,
STREET ADDRESS		6.4 CITY-ST-ZIP				
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

:/5/99

954-983-6310

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