

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P95000036203 (4)**

1. Corporation Name:  
**SOUTH FLORIDA DECKING, INC.**



Principal Place of Business:

**506 HERON DRIVE  
DELRAY FL 33444  
US**

Mailing Address:

**506 HERON DRIVE  
DELRAY FL 33444-1843  
US**

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SPADA, ROBERT  
506 HERON DRIVE  
DELRAY BEACH FL 33444**

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 607.0507 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

Signature type that printed name above. (Type "D" for Director, "A" for Agent, "S" for Secretary, "C" for Chairman, "M" for Member, "O" for Officer, "P" for President, "T" for Treasurer, "J" for Judge, "R" for Registrar, "E" for Executive, "F" for Fellow, "L" for Lecturer, "V" for Vice President, "W" for Vice President, "Y" for Vice President, "Z" for Vice President)

(If "D", "A", "S", "C", "M", "O", "P", "T", "J", "R", "E", "F", "L", "V", "W", "Y", "Z" type name of Agent or other officer, insert when type "D" type)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SPADA, ROBERT</b>	
STREET ADDRESS	<b>506 HERON DRIVE</b>	
CITY-STATE-ZIP	<b>DELRAY BEACH FL 33444</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied by this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 as provided, or on a separate line with an address.

SIGNATURE: *[Handwritten Signature]* **SPADA, ROBERT** 4/16/97 506-379-0760

CR2E034 (9/96)