

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000044883 (3)**

1. Corporation Name
DECO POWER LIFT, INC.



Principal Place of Business: **1410 SANTA ANNA DR DUNEDIN FL 34698**
Mailing Address: **1410 SANTA ANNA DR DUNEDIN FL 34698**

3. Date Incorporated or Qualified 06/02/1995	3a. Date of Last Report
4. FEI Number 59-3320441-811100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**BERGER, TODD
810 63RD AVE N
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name	Richard Massell
82 Street Address (P.O. Box Number is Not Acceptable)	1410 Santa Anna Drive
83	
84 City	Dunedin
85 State	FL
86 Zip Code	34698

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: *Richard Massell* President DATE: **4/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSELL, RICHARD P	1.2 NAME	
STREET ADDRESS	1410 SANTA ANNA DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DUNEDIN FL 34698	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSELL, GEORGE M	2.2 NAME	
STREET ADDRESS	1410 SANTA ANNA DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DUNEDIN FL 34698	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, RANDOLPH P	3.2 NAME	
STREET ADDRESS	2668 WAXWOOD CT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 34621	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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***200.00

14. I do 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 justice 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: *Richard Massell* DATE: **3/20/96** 736-4529 813-996-7735

CR2E034 (12/95)

736-4529
813-996-7735