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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

P95000069078 (0)

DECS CORP.

Principal	Place of	Business	

ZÝ.

Mailing Address

## **FILED** Apr 29 1998 8:00am Secretary of State



13503 S.W. 101 LANE 13503 S.W. 101 LANE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/07/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0632847 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EDDY, MICHAEL C 13503 S.W. 101 LANE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 City 84 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. Storature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS THIF DELETE 1.1 TITLE Change Addition **SEMMENS, CYNTHIA** NAME 1.2 NAME 388 N.E. 159 STREET STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE CRAWFORD, JAMES B 2 2 NAME 13503 S.W. 101 LN STREET ADDRESS 2.3 STREET ADDRESS **Miami** Fl CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME EDDY, MICHAEL C 3.2 NAME STREET ADDRESS 13503 S.W. 101 LANE 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change DAY, NAOMI NAME 4. 2 NAME 388 N.E. 159 ST. STREET ADDRESS 4.3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 of 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 productions.

CIGNATURE.

4-22-98