FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000087283 (4)**

1. Corporation Name

DECADE SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
6000 A SAWGRASS VILLAGE CIRCLE SUITE 12 PONTE VEDRA BEACH FL 32082	6000 A SAWGRASS VILLAGE CIRCLE SUITE 12 PONTE VEDRA BEACH FL 32082

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

3. Date Incorporated or Qualified: **11/14/1995**

3a. Date of Last Report:

4. FEI Number: **59-3350380** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET
3400 BARNETT CENTER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 607.0750 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, GERRY C		12 NAME	
STREET ADDRESS	6000 A SAWGRASS VILLAGE CIR #12		13 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		14 CITY ST ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FUNKHOUSER, DONALD D		22 NAME	
STREET ADDRESS	6321 PRESTONSHIRE LANE		23 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75225		24 CITY ST ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JOHASSON, ALAN S		32 NAME	
STREET ADDRESS	2721 CHARTER OAK		33 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75074		34 CITY ST ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WINNICK, ROBERT J		42 NAME	
STREET ADDRESS	1518 SOUTHWOOD BLVD.		43 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76013		44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

CR2E034 (12/95)

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)(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 added above.

SIGNATURE: _____ 3/28/96 904 285 9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

GERRY C NELSON