

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

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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  
6000 A SAWGRASS VILLAGE CIRCLE  
SUITE 12  
PONTE VEDRA BEACH FL 32082

Mailing Address  
6000 A SAWGRASS VILLAGE CIRCLE  
SUITE 12  
PONTE VEDRA BEACH FL 32082-5026

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1995		3a. Date of Last Report 04/03/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3350380		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 DECADE SYSTEMS GROUP				82. Street Address (P.O. Box Number is Not Acceptable) 6000 A SAWGRASS VILLAGE CIRCLE			
83. Suite, Apt. #, etc. SUITE 12				84. City PONTE VEDRA BEACH			
				85. State FL		86. Zip Code 32082	

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: Gerry C. Nelson GERRY C. NELSON, CHAIRMAN, CEO 5/5/97  
Signature, type or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

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	NELSON, GERRY C	1.2 NAME	
STREET ADDRESS	6000 A SAWGRASS VILLAGE CIR #12	1.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNKHOUSER, DONALD D	2.2 NAME	
STREET ADDRESS	6321 PRESTONSHIRE LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX 75225	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHASSON, ALAN S	3.2 NAME	
STREET ADDRESS	2721 CHARTER OAK	3.3 STREET ADDRESS	
CITY- ST- ZIP	PLANO TX 75074	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNICK, ROBERT J	4.2 NAME	
STREET ADDRESS	1518 SOUTHWOOD BLVD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	ARLINGTON TX 76013	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Gerry C. Nelson GERRY C. NELSON 3/28/97 904 285-9363  
Signature and typed or printed name of signing officer or director Date Daytime Phone