

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028212 (3)

1. Corporation Name
DECAT 94E, INC.

Principal Place of Business 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085	Mailing Address 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/25/1997	4. FEI Number 59-3491259	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 780 North Ponce de Leon Blvd Suite, Apt. #, etc. 22 City & State 23 St. Augustine, FL 24 Zip 32084 25 Country	2a. Mailing Address 26 P.O. Drawer 3007 Suite, Apt. #, etc. 27 City & State 28 St. Augustine, FL 29 Zip 32085-3007 30 Country
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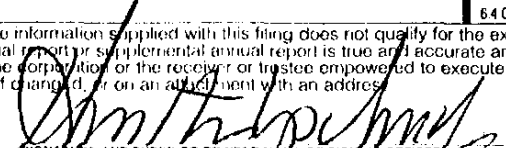
9. Name and Address of Current Registered Agent UPCHURCH, HAMILTON D 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City St. Augustine FL 85 Zip Code 32084
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11. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITCHER, SUE	1.2 NAME	
STREET ADDRESS	780 NORTH PONCE DE LEON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	1.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPCHURCH, HAMILTON D	2.2 NAME	
STREET ADDRESS	780 NORTH PONCE DE LEON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	2.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE:  January 9, 1998 (904) 829-9066

CR2E034 (10/97)