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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042885

1. Corporation Name

DECOME DECOMEDIA

| PEHRY F | PHOPERTIES, INC. | | | | | | | | | |
|---|---|------------------------------------|---|---|----------------------|----------------------------|--|---------------|--------------|--|
| 5: | /B | Mailing Address | | | | | | | 1010 | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 3407 WESTFIELD 3407 WESTFIELD BRANDON FL 33651 BRANDON FL 33511 | | | | | | | | | | |
| US US | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | Date Incorporated or Qualifed | | | |
| | | | | | | | 05/14/1997 | ,, | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. | FEI Number | | plied For | |
| 21 26 | | | | | | | <u>65-0773701</u> | | t Applicable | |
| Suite, Apt. #, etc. | | | | | | 5. | Certificate of Status Desired | \$8.75 A | | |
| 22 27 City & State | | | | | | Fee Required | | | | |
| City & State | 9 | City & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | Added t | | |
| 23 | Country | Zip | Coun | itry. | | | | | 0 1 003 | |
| Zip | Country | | 30 | ııı y | | 8. | This corporation owes the current year Int Personal Property Tax. | Yes | □No | |
| 24 | 9. Name and Address of Curre | | <u>30)</u> | | | 10 | Name and Address of New Registered | | | |
| | | ent registerou Agunt | | 81 | Name | 10. | | | | |
| | Lieno, Perry ' Westfield | | ļ- | 82 | Street Address | ss (P | O. Box Number is Not Acceptable) | | | |
| BRANDON FL 33511 | | | ŀ | 83 | | | | | | |
| | | | | 84 | City | | | 85 Zip (| Code | |
| | _ | | \ \ | - 1 | • | | <u>FL</u> | . } } | | |
| office or re | to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obligations of the state of | gations of, Section 607.0505, Flor | ida Statu | by tr tes. | he corporation | SDO | n submits this statement for the purpose of pard of directors. I hereby accept the appoinmentation in the purpose of the appoinmentation of the purpose of t | ntment as re | gistered | |
| 12. | OFFICERS AND DIRECTORS | | | | | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | RS IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITL | .E | | | | Change | Addition | |
| NAME | PAGLIANO, PERRY | | 1.2 NAM | ИE | | | • | | į | |
| STREET ADDRESS | 3407 WESTFIELD | | 1.3 STF | REETA | ADDRESS | | • | | | |
| CITY-ST-ZIP | | | 1,4 CIT | 1,4 CITY-ST-ZIP | | | | | | |
| TITLE | VPS | | | 2.1 TITLE | | | | Change | Addition | |
| NAME | FERNANDEZ, BRENDA | | 2.2 NA | ΚE | | | | í | 1 | |
| STREET ADDRESS | 3407 WESTFIELD | | 2.3 STF | REET A | ADORESS | | |) | | |
| CITY-ST-ZIP | BRANDON FL 33511 | | 2. 4 CIT | 2. 4 CITY-ST-ZIP | | | | | | |
| TITLE | | □ pci ete | 3.1 TITI | ĿE | | | | Change | ☐ Addition | |
| NAME | | ☐ DELETE | | | 1 | | | | • | |
| STREET ADDRESS | | ☐ £EEEE | 3.2 NA | ME | | | | | | |
| CITY-ST-ZIP | | □ DEFEIE | | | ADDRESS | | | | | |
| TITLE | | O DETELE | | REET | | | | | | |
| | | ☐ DELETE | 3,3 STF | REET A | | | | ☐ Change | Addition | |
| NAME | | | 3,3 STF 3,4. C/I | REET A | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | 3,3 STF 3,4, C/I 4,1 T/I/I 4, 2 NA | REET A TY-ST- LE JME | | | | ☐ Change | ☐ Addition | |
| 1 | | ☐ DELETE | 3,3 STF 3,4, C/I 4,1 T/I/I 4, 2 NA 4,3 STF 4,4 C/I | REET A TY-ST- LE MME REET A Y-ST- | -ZIP ADDRESS | | , , , | | | |
| STREET ADDRESS | | | 3.3 STF 3.4. CIT 4.1 TITU 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITU | REET A TY-ST- LE MME REET A Y-ST- LE | -ZIP ADDRESS | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 3.3 STF 3.4. CIT 4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA | REET A TY-ST- LE ME REET A Y-ST- LE ME | -ZIP ADDRESS -ZIP | | , , , , , , , , , , , , , , , , , , , | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 3.3 STF 3.4. CIT 4.1 TITU 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITU 5.2 NAJ 5.3 STF | REET A TY-ST- LE REET A Y-ST- LE ME REET A | ADDRESS -ZIP ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | ☐ DELETE | 3.3 STF 3.4. CIT 4.1 TITU 4.2 NA 4.3 STF 4.4 CIT 5.1 TITU 5.2 NA 5.3 STF 5.4 CIT | REET A TY-ST- LE REET A Y-ST- LE ME REET A Y-ST- LE REET A | ADDRESS -ZIP ADDRESS | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ DELETE | 3.3 STF 3.4. CIT 4.1 TITU 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITU 5.2 NAJ 5.3 STF | REET / IY-ST- LE MME REET / V-ST- LE ME REET / V-ST- LE | ADDRESS -ZIP ADDRESS | | | | | |

14. I 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 epprowered 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #