


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 1998 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998  |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS             |  |
|--|--|---|--|
| DOCUMENT # P97000048106<br>1. Corporation Name<br><b>DECOSTE &amp; Associates, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>874 Whitaker Rd.<br/>Belle Glade, FL 33430</b>   |  | Mailing Address<br><b>874 Whitaker Rd.<br/>Belle Glade, FL 33430</b>  |  |
| 2. Principal Place of Business<br>21 <b>Belle Glade, FL</b><br>Suite Apt. #, etc.<br>22<br>City & State<br>23 <b>Belle Glade, FL</b><br>Zip<br>24 <b>33430</b> Country<br>25 <b>USA</b>  |  | 2a. Mailing Address<br>26<br>Suite Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 Country<br>30  |  |
| 3. Date Incorporated or Qualified  |  | DO NOT WRITE IN THIS SPACE  |  |
| 4. FEI Number<br><b>65-0758145</b>   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required  |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees   |  |
| 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |
| 9. Name and Address of Current Registered Agent  |  | 10. Name and Address of New Registered Agent  |  |
|  |  | 81 Name <b>AMERI LAWYER</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>343 ALMERIA AVE</b><br>83 <b>CORAL GABLES</b><br>84 City <b>CORAL GABLES</b> FL 85 Zip Code <b>33134</b> |  |
| 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: <b>Ameri Lawyer</b> (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |  |
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>PRESIDENT</b><br>STREET ADDRESS <b>DECOSTE TEUDY</b><br>CITY-ST-ZIP <b>874 WHITAKER RD.</b><br><b>BELLE GLADE FL 33430</b>  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>SECRETARY</b><br>STREET ADDRESS <b>DECOSTE TEUDY</b><br>CITY-ST-ZIP   |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME <b>VICE-PRESIDENT</b><br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>TREASURER</b><br>STREET ADDRESS <b>DECOSTE TEUDY</b><br>CITY-ST-ZIP   |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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)(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 on an attachment with an address. |  |   |  |

SIGNATURE:

**Decoste Teudy 8/16/98 541-996-9336**

CR2E034 (5/98)