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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000050908

1. Corporation Name

DECO DEVELOPMENT, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90200 011 ***150.00

									 	
Principal Place of Business Mailing Address							9 INDIANAL ISB SASAN INTIL ENIES AREST UNEUT HOTOL	@ U # # U	i Atter tall lati	
1210 LAKE WILLISARA CIRCLE 1210 LAKE WILLISARA CIRCLE ORLANDO FL 32806 ORLANDO FL 32806							DO NOT WRITE IN THIS	SPACE		
						2 D	Date Incorporated or Qualifed	3FAOL	<u>_</u>	
						1	6/03/1998			
2 Principal P	Place of Business	2a. Mailing Address				A E	El Number	A	pplied For	
							59-35/6581		lot Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·				Additional	
22 27						5. C	Certifcate of Status Desired	Fee F	Required	
City & State City & State							lection Campaign Financing	\$5.00	May Be	
23		28					rust Fund Contribution		to Fees	
Zip				Country			8. This corporation owes the current year Intangible			
24	25 29 30			Personal Property Tax.			□No			
,	9. Name and Address of Curre	ent Registered Agent		I,		10. N	lame and Address of New Registered	Agent		
				81	Name					
FERRIS, CONSTANCE					Street Add	iress (P.C). Box Number is Not Acceptable)			
1210 LAKE WILLISARA CIRCLE				82						
ORL	ANDO FL 32806			83						
	•			84	City			85 Zip	Code	
				04	City		FL	_ 05 -15	0000	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the	above	-named cor	poration s	submits this statement for the purpose of	changing it	s registered	
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change	was authorize	ed by '	the corporat	ion's boar	rd of directors. I hereby accept the appo	intment as r	egistered	
	arr jarring. With and accept the cong	,u o., o.,	,							
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Register	d Agen	t signature requir	red when rein:	stating) DATE			
12.		ND DIRECTORS	13			AD	DITIONS/CHANGES TO OFFICERS A			
TITLE	FRES	☐ DELE	TE 1.1	TITLE				Change	☐ Addition	
NAME	BAUL ZUROMSKI		1.2	NAME	Ì				Ì	
NAME PAUL ZUROMSKI STREET ADDRESS 1210 LAKE WILLIS ARA CIR CITY-ST-ZIP OFLANDO FL 32806			1.3	1.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 328	06	1.4	CITY-SI	-ZIP					
TITLE	☐ DELETE :		ETE 2.1	2.1 TITLE				Change	Addition	
NAME			22	2.2 NAME						
STREET ADDRESS	ess		2.3	2.3 STREET ADORESS						
CITY-ST-ZIP			2. 4	2. 4 CITY-ST-ZIP						
TITLE	☐ DELÉTE		TE 3.1	TITLE				Change	Addition	
NAME			3.2	NAME					i	
STREET ADDRESS			3.3	STREET	ADDRESS					
CITY-ST-ZIP	_____		34.	34. CITY-ST-ZIP						
TITLE		☐ DELE	TE 4.1	TITLE				Change	Addition	
NAME	!		4. 2	NAME)				ľ	
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP			4.4	CITY-ST	-ZiP					
TITLE	☐ DELETE		TE 5.1	5.1 TITLE				Change	☐ Addition	
NAME			5.2	NAME					ļ	
STREET ADDRESS			5.3	STREET	ADDRESS				İ	
CITY-ST-ZIP			5.4	CITY-S1	-ZIP					
TITLE		☐ DELE	TE 6.1	TITLE				Change	☐ Addition	
1	1			NAME	1					

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 altderess, with all effect the empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS