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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DOCL	JMENT	#	S30	899
1. Corporat	ion Name			

DECKER ENERGY - RIDGE, INC.

P O BOX 2397 WINTER PARK FL 32790 2a. Mailing Address
20 Mailing Address
26
Suite, Apt. #, etc.
City & State
Zip Countr
29 30

WHITING, MACAULEY, JR **400 NORTH NEW YORK AVE-**OUTE 101 WINTER PARK FL 32790

DIVISIO	IO N	CORE	ORATI

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99 FEB - 1 PM12: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



į	ĐÓ NOT WRI	TE IN THI	S SPACE
3.	Date Incorporated or Qualifed		
ļ	02/08/1991		
4.	FEI Number		Applied For
	59-3048699		Applied For Not Applicable
5.	Certificate of Status Desired	[]	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be Added to Fees
8.	This corporation owes the curr Personal Property Tax	ent year li	ntangible [TYes X No
10.	Name and Address of New F	tegistered	Agent
J ^{tres} € NTE	OBNIVERSE ACT	LND.	
		FI	85 Zip Code

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	•				
SIGNATURE	Signature, typed or printed name of registered agent and title	fapplicate (NOTE	Registered Agent signature require	ostwars renormage DATE	
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 12
TITLE	PDT	[] DELETE	1 1 THEF	[] Change [l bbA
NAME	MACAULEY, WHITING, JR		1.2 NAME	500002770725	1
STREET ADDRESS	405 LAKEWOOD DR		1.3 STREET ADDRESS	-02/09/9901131003	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	****150.00 ****150.	00
TITLE	S	E J DELETE	2 1 1HTLE	[Change [Addit
NAME	WHITING, SARA		2.2 NAME		
STREET ADDRESS	405 LAKEWOOD DR		23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2 4 City-St-ZiF		
TITLE		[] DELETE	3 1 TITLE	[Change [J Addit
NAME			3.2 NAME		
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NAME			4 2 NAME		
STREET ADDRESS	,		43 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CI*Y-\$1-ZiP		
TITLE		[] DELETE	5.1 TITLE	[] Change [Add:
NAME .			5 2 NAME		
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CITY-ST-ZIP			5.4 CITY- ST- ZIF1		
TITLE		["] DEFEIF	6 1 TITLE	[Change [) Addit
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		AT
COV. ST. 7IP			6.4 C(1Y+S1+Z)F1		ገለ

4. Thereby 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 oally, that I and a 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, with all other like empowered.

407 628-8900