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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V56319

(9)

JOHN DECICCO ENTERPRISES, INC.

	J	FILEL	)
Apr	15	1997	8:00am
Sec	cre	tary o	f State

9440 AUG 400	ce of Business	Mailing Address			I 18611 GILDRI BILLO BIRGO HILDI HIDIG RO			
CORAL SPRIN	ID STREET GS FL 33065	7110 N.W. 42ND STREET CORAL SPRINGS FL 330	55-2125					
					3. Date Incorporated or Qualified 08/03/1992	3a, Date of 05/01/19		ort
2. Principal F	hace of Husiness	2a. Mailing Address		<del></del> -	4. FEI Number		Applie	ed For
21		26			65-0350622		Not A	pplicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 "	.75 Add	
22		27		···	b. Certificate of Glates Desired		ee Requ	ilred
City & Star	te	City & State			6. Election Campaign Financing	\$:	<b>5.00</b> Ma	ау Ве
23		28			Trust Fund Contribution	A	dded to F	ees
Zip	Country	Zip	Countr	У	This corporation has liability for			99.032,
4	[25]	29	30			Yes No		
	g. Name and Address of Curre	nt Hegistered Agent	B1	Name	10. Name and Address of New R	legistered Agent	<u> </u>	
	CCO, JOHN		0	INATHE				
	0 NW 42ND STREET		82	Street Ad	dress (P.O. Box Number is Not Accepta	able)		
COF	RAL SPRINGS FL 33065		_					
			83	ľ				
			84	City		85	Zip Cod	de
				1 '		FL!	· '	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above	e-named co	rporation submits this statement for the	purpose of chan	ging its re	egistere
agent La	registered agent, or both, in the state am familiar with, and accept the oblig	gations of Section 607.0505, F	lorida Statute	iy trie corpor es.	rporation submits this statement for the ation's board of directors. I hereby according	врі іне арронин	មារ ឧទ ខេត្ត	gistered
SIGNATURE					•			
	Signature, typed or printed name of repellered as		TE Registered Ac	ent signature req	uired when reinstating)	DATE		
	OFFICERS AN	ID DUDE OF OBO						
12.	OI FIOLITS AT		13.		ADDITIONS/CHANGES TO OFF			_
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I do hereby contribute 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: JOHN DECICE JOHN KILLE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR