

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 FEB 16 PM 3:25****DOCUMENT # F14931 (2)**

1. Corporation Name

DEERFIELD 66, INC.

Principal Place of Business

**1997 NE 2 STREET
DEERFIELD BEACH FL 33441**

Mailing Address

**1997 NE 2 STREET
DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1981

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2073583

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

25

Zip

28

Country

30

9. Name and Address of Current Registered Agent

**VIOLA, PHILIP
1997 N.E. 2ND STREET
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

501 SW 11th Place

83

84 City

Boca Raton**FL**

85 Zip Code

33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	VIOLA, PHILIP
STREET ADDRESS	1997 N.E. 2ND STREET
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	VIOLA, PHILIP
STREET ADDRESS	1085 SW TAMARIND WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
12 NAME	
1.3 STREET ADDRESS	501 SW 11th Place
1.4 CITY-ST-ZIP	Boca Raton, FL 33432
2.1 TITLE	☒ Change ☐ Addition
22 NAME	
2.3 STREET ADDRESS	501 SW 11th Place
2.4 CITY-ST-ZIP	Boca Raton, FL 33432
3.1 TITLE	☐ Change ☐ Addition
32 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
42 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
52 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
62 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Philip Viola*

Philip Viola, President

*2/18/95**305-427-4595*