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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073482 (7)

DISABLED DEALER ENTERPRISES INC.

FILED Apr 11 1997 8:00am Secretary of State

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Principal Pla	ace of Business				
5938 FROND			n Aber sasas inn Alšší (Bill) (Ší (Ší)		
	ACH FL 33572	5938 FROND WAY APOLLO BEACH FL 33572	-2648		
		•		3. Date Incorporated or Qualified	3a. Date of Last Report
				09/04/1996	The balls of Edol Hoport
	Place of Business	2a. Mailing Address	1.7	4. FEI Number	Applied For
Suite Ap	Gran Kaymen Wy.	26 612 Gran	1 Kaymen	59-3400019	Not Applicab
1 1 2 5	1F Dona Rollog	Suite, Apt. #, etc. 27	'W4.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	ate	City & State	sch, 71	6. Election Campaign Financing	\$5.00 May Be
	Country	28 17 00 116 E	Country	Trust Fund Contribution	Added to Fees
24 33	S72 Country	33572	TOSA	8. This corporation has liability for I	ntangible tax under s. 199.032,
	9. Name and Address of Current		30 03.7	Florida Statutes 10. Name and Address of New Re	Yes No
SIF	RISKA, JOANNE		81 Name		Alexanda vilanti
1	22 22ND AVENUE NORTH			Stella Smith	
	ITE 277		Street Add	ress (P.O. Box Number is Not Acceptable Cran Haymen L	le)
ST	PETERSBURG FL 33710		83		×4
				pollo Beach, 71.	
			1 1 - 3	•	FL 85 Zip Code 33573
11. Pursuant office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the p	
agent 1	registered agent, or both, in the State of am familiar with, and accept the obligation	riorida. Such change was a ons of, Section 607.0505, Flo	uthorized by the corporat rida Statutes.	tion's board of directors. I hereby accept	It the appointment as registered
SIGNATURE	e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sta	110 M Smith	
			Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
	President	☐ DELETE	1.1 TITLE		☐ Change ★ Addition
NAME REPORT ADDRESS	Oliver O'Riordan	la	1.2 NAME		•
STREET ADDRESS		ωq. 	1.3 STREET ADDRESS	>	
CITY-ST-ZIP TITLE	Apollo Bch, 71. 33		1.4 CITY-ST-ZIP		
NAME	Executive V.P.	☐ DELETE	21 TITLE		Change Addition
STREET ADDRESS	Robert Smith		2.2 NAME	_	
CITY+ST-ZIP		4.	2.3 STACCT ADDINESS		
TITLE	Apollo Bch, 71.33		2. 4 CITY - ST - ZIP		
NAME	Secretary + Treasure	21 Libette	3.1 TITLE		Change Addition
STREET ADDRESS	Stella Smith Liz Gran Kaymen	<u>-</u>	3.2 NAME		
CITY-ST-ZIP	Apollo Beach, 71. 7		3.3 STREET AUDRESS	· ·	
TITLE	V.P. of Corp. Develor	DELETE	3.4. C(TY-ST-Z)P 4.1 T(TLE		
NAME	Dale Carpenter	Strictly amount	4.2 NAME		Change Addition
STREET ADDRESS	l		43 STREET ADDRESS	•	
COY-SI-ZIP	Simi Valley Ca 9	3065			
THE	Simi Valley, Ca 9 U.P. of Corp. Relation	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	; z,r	Change Addition
NAM{	Joan Carpenter	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.2 NAME		L. Change Addition
STREET ADDRESS	2006 Latham St.	تنبيها	5.3 STREET ADDRESS	•	
CITY - ST-ZIP	Simi Valley, Ca. 9	3065	5.4 CITY-ST-ZIP	·	
THILE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		Amily Lindigot
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST., ZIP		
14. I do herek	by certify that the information supplied with indicated on this annual report or supp	th this filing does not qualify	for the exemption states	in Section 119.07(3)(i), Florida Statutes.	I further certify that the
Lam an of	in indicated on this annual report or supp fficer or director of the corporation or the n Block 12 or Block 13 if changed, or on	receiver or trueton amagua	e and accurate and man	my signature shall have the same legal as required by Chapter 607, Florida Sta	effect as if made under oath; tha atutes; and that my name

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Principal Plac	e of Business	Mailing Address			AT BOOKE INDONE EITHER BOOKE ENDED THAT ID AF
5838 FROND WAY		5938 FROND-WAY		1	
APOLLO BEACH FL 33572		APOLLO BEACH FL 33572-2648			
.				9 Date leasurested or Qualified	Se Dote of Lest Paper
				3. Date Incorporated or Qualified 09/04/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 612	Gran Kaymen Wy.	28 612 Gran	Kaymen	59-3400019	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	и)и.	5. Certificate of Status Desired	\$8.75 Additional
22 170	ollo Beach, 71	27		5. Certificate of Status Desired	Fee Required
	e '	City & State	1 21	6. Election Campaign Financing	\$5.00 May Be
23			ch, +1	Trust Fund Contribution	Added to Fees
^{Zip} 33°	SOO COUNTRY A	33572	Country SA	8. This corporation has liability for	
24 35	9. Name and Address of Current	[28]	10 USIT	Florida Statutes 10. Name and Address of New Re	Yes No
AID!		nogistored Agent	81 Name		Sinolog - Gori
	ISKA, JOANNE			Stella Smith	
	2 22ND AVENUE NORTH			ddress (P.O. Box Number is Not Acceptab	
	TE 277		63	2 Gran Kaymen I	ги
81.	PETERSBURG FL 33710			Apollo Beach, 71.	
			84 City	•	FL 85 Zip Code 33579
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s the above-named o	corporation submits this statement for the p	
office or r	registered agent, or both, in the State or im familiar with, and accept the obligati	f Florida. Such change was au	thorized by the corpo	oration's board of directors. I hereby accept	pt the appointment as registered
		N . 1	J A	- 11 00 M Sairel	y .
SIGNATURE	Stella H. Sr Signature, typed or printed name of registered agent	and late if applicable NOTE	Registered Agent signature	equired when reinstating)	DATE
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	President	☐ DELETE	1.1 TITLE		Change Addition
NAME	Oliver O'Riordan		1.2 NAME	_	
STREET ADDRESS	612 Gran Kaymen	wy	1.3 STREET ADDRESS	->	
CITY-ST-ZIP	Apollo Bch, 71. 33	, <u>215</u>	1.4 CITY-ST-ZIP		
TITLE	Executive V.P.	☐ DELETE	21 TITLE		Change Addition
NAME	Robert Smith		2.2 NAME		
STREET ADDRESS	612 Gran Kaymen W	ų. 	2.3 STREET ADDRESS	~	1
CITY - ST - ZIP	Apollo Bch, 71.3	22.14	2. 4 CITY - ST - ZIP		
TITLE	Secretary + Treasur	.6.L DEFELE	3.1 TITLE		Change Addition
NAME	Stella Smith	13	3.2 NAME		ı
STREET ADDRESS			3.3 STREET AUDRESS		
CITY-ST-ZIP	Apollo Beach, 71.	Occept DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE	U.P. of Corp. Develo	buseus morres	L L		Charge Addition
NAME OXCULT ADDRESS	Dale Carpenter		4. 2 NAME		
STREET ADDRESS	2006 Latham St.	ے یہ دا	43 STREET ADDRESS		
TITLE	Simi Valley, Ca S U.P. of Corp. Relati	OFLETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	Joan Carpenter	0113	5.2 NAME		
STREET ADDRESS	2006 Latham St.	الخباريونية	5.3 SYREET ADDRESS	→	
CITY - \$1 - ZIP	Simi Valley, Ca.	13665	5.4 CITY-ST-ZIP		
THILE	Sim valley, Sai	DELETE	6.1 TIFLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do herei	by certify that the information supplied	with this filing does not qualify	for the exemption sta	ated in Section 119.07(3)(i), Florida Statute	s, I further certify that the
I am an o	ifficer or director of the corporation or t	ne receiver or trustee empower	red to execute this re	that my signature shall have the same lega oport as required by Chapter 607, Florida S	a enect as a made under oath; that; Statutes; and that my name
appears i	in Block 12 or Block 13 if changed, or i	on an attachment with an addre	ess.		813 641-1918
	,		orani (17 de 17 de 1	\	n n i in na i h