

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

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073482 (7)
1. Corporation Name
DISABLED DEALER ENTERPRISES INC.



Principal Place of Business: **5938 FROND WAY APOLLO BEACH FL 33572**
Mailing Address: **5938 FROND WAY APOLLO BEACH FL 33572-2648**

3. Date Incorporated or Qualified: **09/04/1996**
3a. Date of Last Report: [Blank]
4. FEI Number: **59-3400019**
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. **612 Gran Kaymen Wy.**
22. **Apollo Beach, FL**
23. [Blank]
24. Zip **33572** 25. Country **USA**
2a. Mailing Address
26. **612 Gran Kaymen Wy.**
27. [Blank]
28. **Apollo Bch, FL**
29. Zip **33572** 30. Country **USA**

9. Name and Address of Current Registered Agent
**SIRISKA, JOANNE
6822 22ND AVENUE NORTH
SUITE 277
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81. Name: **Stella Smith**
82. Street Address (P.O. Box Number is Not Acceptable): **612 Gran Kaymen Wy.**
83. **Apollo Beach, FL**
84. City: **FL** 85. Zip Code: **33572**

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: **Stella M. Smith, Secy** *Stella M. Smith*
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	President	<input type="checkbox"/> DELETE
NAME	Oliver O'Riordan	
STREET ADDRESS	612 Gran Kaymen Wy.	
CITY-ST-ZIP	Apollo Bch, FL 33572	
TITLE	Executive V.P.	<input type="checkbox"/> DELETE
NAME	Robert Smith	
STREET ADDRESS	612 Gran Kaymen Wy.	
CITY-ST-ZIP	Apollo Bch, FL 33572	
TITLE	Secretary + Treasurer	<input type="checkbox"/> DELETE
NAME	Stella Smith	
STREET ADDRESS	612 Gran Kaymen Wy.	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	V.P. of Corp. Development	<input type="checkbox"/> DELETE
NAME	Dale Carpenter	
STREET ADDRESS	2006 Latham St.	
CITY-ST-ZIP	Simi Valley, Ca 93065	
TITLE	V.P. of Corp. Relations	<input type="checkbox"/> DELETE
NAME	Joan Carpenter	
STREET ADDRESS	2006 Latham St.	
CITY-ST-ZIP	Simi Valley, Ca 93065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	→
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	→
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	→
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	→
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	→
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 address.

SIGNATURE: *Stella M. Smith* (Stella M. Smith) 4/1/97 813 641-1918 813 645-8307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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3a. Date of Last Report

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City & State
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Suite, Apt. #, etc.
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City & State
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Zip **33572** Country **USA**
29 30

4. FEI Number
59-3406019

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**

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