

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

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90134 027 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000073482**

1. Corporation Name  
**DISABLED DEALER ENTERPRISES INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 612 GRAN KAYMEN WAY  
 APOLLO BEACH FL 33572  
 US

Mailing Address  
 612 GRAN KAYMEN WAY  
 APOLLO BEACH FL 33572  
 US

3. Date Incorporated or Qualified  
**09/04/1996**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **7000 N. Nebraska**  
 Suite, Apt. #, etc.  
 22 **Tampa, Fl.**  
 City & State  
 23 **33604 US**  
 Zip Country

2a. Mailing Address  
 26 **6706 N. River Blvd.**  
 Suite, Apt. #, etc.  
 27 **Tampa, Fl.**  
 City & State  
 28 **33604 US**  
 Zip Country

9. Name and Address of Current Registered Agent  
**SMITH, STELLA**  
**612 GRAN KAYMEN WAY**  
**SUITE 277**  
**APOLLO BEACH FL 33572**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE Stella M. Smith V.P. **1-13-98**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	O'RIORDAN, OLIVER	
STREET ADDRESS	612 GRAN KAYMEN WAY	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	EPV	<input type="checkbox"/>
NAME	SMITH, ROBERT	
STREET ADDRESS	612 GRAN KAYMEN WAY	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	ST	<input type="checkbox"/>
NAME	SMITH, STELLA	
STREET ADDRESS	612 GRAN KAYMEN WAY	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	VPCD	<input type="checkbox"/>
NAME	CARPENTER, DALE	
STREET ADDRESS	2006 LATHAM ST	
CITY-ST-ZIP	SIMI VALLEY CA	
TITLE	VPCR	<input type="checkbox"/>
NAME	CARPENTER, JOAN	
STREET ADDRESS	2006 LATHAM ST.	
CITY-ST-ZIP	SIMI VALLEY CA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Smith Robert		
1.3 STREET ADDRESS	6706 N. River Blvd.		
1.4 CITY-ST-ZIP	Tampa, Fl. 33604		
2.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	O'Riordan Oliver		
2.3 STREET ADDRESS	6706 N. River Blvd		
2.4 CITY-ST-ZIP	Tampa, Fl. 33604		
3.1 TITLE	EPV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Smith Stella		
3.3 STREET ADDRESS	6706 N. River Blvd.		
3.4 CITY-ST-ZIP	Tampa, Fl. 33604		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **1-13-98** **813 8238-7485**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)