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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT#**

1. Corporation Name DEGGY CORP.

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rincipal Place	of Business	Mailing Address	·		•	
OO BRIÇKELL A	AVENUE	800 BRICKELL AVENUE		· ·		
UITE 3000		SUITE 300D		DO NOT WRITE IN	THIS SPACE	
(IAMI FL 33131	1	MAMI FL 33131		3. Date incorporated or Qualifed	- ;	
•				07/30/1997	``.	
		The saille a Address		4. FEI Number	Applied F	or .
. Principal Pi	ace of Business	2a. Mailing Address	_	65-0770721	- Not Applic	able_
1 <u></u>	للم د السلماء البالث المستشيدة اليار براهي	26			\$8.75 Addition	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
		27		6. Election Campaign Financing	\$5.00 May B	P.
City & Stat		City & State -		Trust Fund Contribution	Added to Fees	
3		28	Country	8. This corporation owes the current ye	ar Intangible	
_ Zip	Country		o	Personal Property Tax.	☐ Yes 🔼 No	
4]	. 25		<u>-</u>	10. Name and Address of New Regist	ered Agent	
	9. Name and Address of Cur	Tent Registered Agent	81 Name			
	,	是我 以 是2000年1000年		<u></u>		
	SOWSKY, FLAVIO	•	82 Street Ac	dress (P.O. Box Number Is Not Acceptable)		
	BRICKELL AVENUE				gentigens by the	37
	TE 300D		83	- 一大大学、大学、大学	語は他のことは	
MIAI	MI FL 33131	•	84 City		85 Zip Code	
			11.1		PL .	
office or i	am favilitar with, and accept the ob	ligations of, Section 607.0505, Florid	da Statutes	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as registere	d -
SIGNATURE	Signature, typed or printed rease of Alletered	ligations of, Section 607.0505, Florid	da Statutes	Litad when reliebency	TE AND DIRECTORS IN	- 12
office of agent. I a signature 12.	Signature, types or printed runns of postured OPFICERS	ligations of, Section 607.0505, Florid Section 607.0505, Florid Section 607.0505, Florid Section 607.0505, Florid (NOTE F	da Statutes,	ADDITIONS/CHANGES TO OFFICE	TE AND DIRECTORS IN	_
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14. I hereby certify that the information supplied with this filling 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 amusal 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 attachming with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

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TITLE

STREET ADDRESS

☐ DELETE

FILED

Jan 27, 1999 8:00 am Secretary of State

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