FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

P93000080152 (0)

DEERPARK C	CONSTRUCTION,	INC.
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Principal Place of Business

Mailing Address



14763 DRAFTHORSE LANE 14763 DRAFTHORSE LA WEST PALM BEACH FL 33414 WEST PALM BEACH FL								
					3. Date Incorporated or Qualified 11/19/1993	3a. Date	of Las /24/	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	.1	Ť	Applied For
21		26			65-0452612		<u> </u>	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional se Required
City & State		City & State			6. Election Campaign Financing		\$5	.00 May Be
23		28			Trust Fund Contribution			ided to Fees
Zip	Country	Zip	Country	y	8. This corporation has liability for i		(unde	rs 199.032,
24	25 9. Name and Address of Curren	29	30	· · · · · -	Florida Statutes Yes	_		
	g, Name and Address of Curren	r Legisteran Agent	81	Name	10. Name and Address of New R	egisterea /	gent	
FUCHS,	LARRY			774				
	'AL PALM BEACH BLVD.		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	PALM BEACH FL 33411		83					
HOTALI	ALM BERGITTE SOFT							
			84	City		FI	85	Zip Code
11. Pursuant to	a the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the above	named core	protion submits this statement for the sum			to reciptored affine
or registere familiar witt	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	la. Such change was authoriz on 607.0505, Florida Statutes	ed by the corp	coration's bo	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of cha pintment as	registe	red agent. I an
SIGNATURE _	Signature, typed or printed name of registered agent.	and tibe if applicable. (NC	OTE: Registered Age	nt signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	TORS IN 12
TITLF	DPST	DEFE LE	1. 1 TITLE] Chan	ge 🔲 Addition
NAME	RUSBRIDGE, HARRY		1.2 NAME					
STREET ADDRESS	14763 DRAFTHORSE LANE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 3341		1.4 CITY-	\$T-ZIP				
TITLE	Durchard data Manua	DELETE	2. 1 TITLE] Chan	ge 🔲 Addition
NAME	Rusbridge, Mary		22 NAME					
STREET ADDRESS	14763 Drafthors		23 STREE	T ADDRESS				
CITY - ST - ZIP	Wellington	, FL 33414	24 CITY-	ST-ZIP				
TITLE		DETELE	3 1 TITLE] Chan	ge 🔲 Addition
NAME			3 2 NAME					
STREET ADDRESS			3 3. STREE	T ADDRESS				
CITY-ST-ZIP		F) profit	3 4 CITY - 1	ST-ZIP		-	3.0	
TITLE		DELETE	4. 1 TITLE			L] Chang	ge 🔲 Addition
NAME CERCEL APPROPRES			4.2 NAME					
STREET ADORESS				ADDRESS				
CITY-ST-ZIP TITLE		[] DELETE	4.4 CITY - : 5. 1 TITLE	S1 - ZIP			1 Chang	ne 🗂 Addition
NAME			5.1 HILE 5.2 NAME			L.	j Uriani,	Jo Addition
STREET ADDRESS			1	I ADDRESS				
CITY-ST-ZIP								
TITLE		DELETE	5.4 CITY - 6 1 TITLE	31-ZF		<u></u>	1 Chang	ie 🗍 Addition
NAME		tool or and the	6.2 NAME			_	, C. G. N	
STREET ADDRESS				F ADDRESS				
CHY-ST-ZIP			6.4 CITY -					
	certify that the information supplied w	vith this filing is voluntarily furn			for the exemption stated in Section 119.0	17(3)(k) Flor	ida Sta	tutes 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR