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CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

DOCUMENT #

184718

(5)

DEAL DEVELOPERS, INC.

DEAL	DEVELOPENS, INC.									
Principal Place	of Business	Mailing Addre	uss				E 100801 14001 (B/41 0) 01 14 4000 140	81 1911 E1811 3 1		
P.O. BOX 2 5385 PALM HBALEAH F		5385 PAL	P.O. BOX 2546 PALM VILLAGE STA. #1 5385 PALM AVE HALEAH FL 33012							
							 Date Incorporated or Qualified 04/23/1955 	3a. Date	of Last R 3/07/1	•
2. Principal Pla	ice of Business	2a, Mailing Ad	ddress			4	1. FEI Number	,		Applied For
Suite, Apt. #	t etc	26 Suita Ant	+ ots				59-0753555			Not Applicable
22	·, &c.	27	Suite, Apt. #, etc.			5	5. Certificate of Status Desired			Additional Required
City & State			City & State				5. Election Campaign Financing			`
23		28				"	Trust Fund Contribution			May Be
Zıρ	Country	Zip	Zip Country			8	3. This corporation has liability for in	ntangible tax		
24	25 29		30				Florida Statutes Yes No			
	Name and Address of Cur	rrent Registered Age	nt		,	10	g. Name and Address of New Re	gistered A	gent	
				81	Name					
KURZWEIL, SUETELLE 8641 SW 84TH TERRACE						ddress (F	P.O. Box Number is Not Acceptabl	e)		
	FL 33143			83						
				-					· · · · · · · · · · · · · · · · · · ·	
				84	City			FL	85 Zip	o Code
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	tonda. Such change wi	as autnonzed by tr	e corp	named cor oration's b	poration poard of d	submits this statement for the purp directors. I hereby accept the appo	ose of char intment as r	ging its r egistered	egistered office agent. I am
SIGNATURE										
	Signature, typed or printed name of regeoered a		(N/JE: Regist		t! signature rei	sured when	reitst duigt	DATE		
12.	PD OFFICERS	AND DIRECTORS		3.			ADDITIONS/CHANGES TO OFFICE			<u></u>
TITLE NAME	PD DELETE KURZWEIL, SUETELLE			1. 1 TITLE					Change	☐ Addition
STREET ADDRESS	8641 SW 84 TERR.			2 NAME	455555					
CITY-ST-ZIP	MIAMI FL				ADDRESS					
TITLE	VD DELETE			1.4 C(TY - ST - Z)P 2 1 T(FLE				- n	Change	Addition
NAME	KUNZMAN,EDWIN			2.2 NAME				L	Change	☐ Addition
STREET ADDRESS	15 MOUNTAIN BLVD				ADDRESS					
CITY-ST-ZIP	WARREN NJ			4 CITY - 5	- 1					
TITLE	\$D			1 TITLE					Change	Addition
NAME	Kurzweil, Suetelle		3:	2 NAME				_	-	
STREET ADDRESS	8641 SW 84 TERR.		3.	STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL			1 CHY - S	ST - ZIP					
TITLE	TD		ELETE 4	1 TITLE					Change	☐ Addition
NAME	KUNZMAN, JOYCE M.		A;	NAME						
STREET ADDRESS	15 MOUNTAIN BLVD.				ADDRESS					
CITY-ST-ZIP TITLE	Warren nj TD			CITY - S	ST - ZIP				0	
NAME	KURZWEIL, JODI L	L		TITLE	ĺ			LJ	Change	Addition
STREET ADDRESS	555 SE 34TH STREET, #	E2804		NAME	1000K 50					
CITY-ST-ZIP	MIAMI FL				ADDRESS					
TITLE	1111 1 H	<u> </u>	c r	CITY-S	01 - ZIP				Change	Addition
NAME		٥٥		NAME				اا	Augu 18c	☐ Audition
STREET ADDRESS					ADORESS					
CITY CL 210			0.	, onect	. LUUNESS					

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LYLLWEIL 4-4-46 305-822-9555