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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 184718

(5)

DEAL DEVELOPERS, INC.

FII	LED
Apr 03 19	998 8:00am
Secretai	ry of State



Principal Place		***************************************	err 21211 WIDH WIDH					
P.O. BOX 2546 PALM VILLAGE STA. #1 5385 PALM AVE HIALEAH FL 33012		P.O. BOX 2546 PALM VILLAGE STA. #1 5385 PALM AVE HIALEAH FL 33012		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE			
THINCEPHITE SOUTE				3. Date Incorporated or Qualified				
					04/23/1955			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	1
21		26			59-0753555		Not Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be	
Zip	Country	Zφ	Cou	ntry	8. This corporation owes or has paid th			1
24	25	29	30		Personal Property Tax due June 30.	X Yes	☐ No	
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regist	ered Agent		1
į ku	irzweil, suetelle			81 Name				İ
I .	8641 SW 84TH TERRACE			82 Street	Address (P.O. Box Number is Not Acceptable)			1
PYTE	AMI FL 33143			83				1
								}
				84 City		FL 85 Zi	ip Code	1
11. Pursuant t	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	tes, the al	ove-named	corporation submits this statement for the purp	ose of changing	its registered	1
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607,0505. Fl	authorizea Iorida Stat	d by the cor utes.	poration's board of directors. I hereby accept the	e appointment a	as registered	
SIGNATURE								1
	Signature, typud or printed name of registered ago	ont and title if applicable. (NO	TL Registere:	Agont signature	e required when reinslating)	DATE		ام
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			18
TITLE	PD	[_] DELETE	1.1 Ti			Change	e [] Addition	ĮΞ
NAME	KURZWEIL, SUETELLE		1.2 N/					8
STREET ADDRESS	8641 SW 84 TERR.		1.3 \$1	REET ADDRESS				ĺμ̈́
CITY-ST-ZIP	MIAMI FL	T pereze		Y-ST-ZIP				CR2E034 (10/97
TITLE	VD	[_] DELETE	2.1 T			L Change	e 🔲 Addition	
NAME	KUNZMAN,EDWIN		2.2 N/					}
STREET ADDRESS	15 MOUNTAIN BLVD WARREN NJ		i i	REET ADDRESS				
CITY-ST-ZIP TITLE	SD SD	X DELETE	2.4 C	TY- \$1-71P		Change	e Addition	-
NAME	KURZWEIL,SUETELLE	Za ottete	3.2 NA			El Change		
STREET ADDRESS	8641 SW 84 TERR.		1	me Ree1 address				}
CITY-ST-ZIP	MIAMI FL			TY-ST-ZIP				
TITLE	TD	DELETE	4.1 TI			Change	e Addition	1
NAME	KUNZMAN, JOYCE M.		4. 2 N					
STREET ADDRESS	15 MOUNTAIN BLVD.			REET ADDRESS				1
CITY-ST-ZIP	WARREN NJ			Y-ST-ZIP				
TITLE	TD	DELETE	5.1 10			Change	e Addition	1
NAME	KURZWEIL, JODI L		5.2 NA	ΜE				
STREET ADDRESS	555 SE 34TH STREET, #280	4	- 1	REET ADDRESS				1
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP				-
TITLE	AS	DELETE	6.1 TO		Secretary	K Change	e Addition	1
NAME	KURZWEIL, ALAN		6.2 N/		Kurzweil, Alan			
STREET ADDRESS	8641 SW 84TH TERRACE			REET ADDRESS				
CITY-ST-ZIP	MAMI FL			Y-ST-ZIP	8641 SW 84th Terrace			}
			0.,0.					

14. I 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.