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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 669321

DEERFIELD AMERICAN, INCORPORATED

Principal Place	e of Business	Mailing Address				1 188118 BILLO BILLO 19188 1		#11 <b>#</b> 1#11 #1#11 4		II EXELL 1991
330 173RD AVE		330 173RD AVE					. , ,			
N REDDINGTON BCH FL 33708		N REDDINGTON BCH FL 33708								
US		US			-	DO NOT WRITE IN THIS SPACE				
						<ol> <li>Date Incorporated or Qua 04/30/1980</li> </ol>				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Appli	ied For
21		26				59-2000295				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desi	red 🗆			ditional
22		27							e Requ	
City & State	e	City & State			- }	6. Election Campaign Finan	icing		. <b>00</b> м	
23		28	<u> </u>			Trust Fund Contribution			ded-to	Fees
Zip	Country	Zip	Country	′		8. This corporation owes th	e current yea		_	-, İ
24	25	29 3	0			Personal Property Tax.		Yes		]No
	9. Name and Address of Currer	nt Registered Agent	1 04			10. Name and Address of	New Kegiste	rea Agent		
IONA	ACCENI VANILIANA C. D.A		` 81	Name						
JONASSEN, WILLIAM S., P.A. 10785 ULMERTON RD		82		Street	Address	s (P.O. Box Number is Not A	cceptable)			
				<u> </u>						
LAM	GO FL 34648		83							
			84	City		,		FL 85	Zip Co	ode
office or n	egistered agent or both in the State	of Florida. Such change was auth	norized by	the corp	oration's	ation submits this statement for board of directors. I hereby	accept the a	ppointment a	as regi	stered j
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was auth ations of, Section 607.0505, Florid ant and title if applicable. (NOTE: Re	a Statutes	the corp	ooration's	s board of directors. I nereby	DATE	ppointment		
office or reagent. I an SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS Af	of Florida. Such change was auth ations of, Section 607.0505, Florid	a Statutes	the corp	ooration's	s board of directors. I hereby	DATE	ppointment	CTOR	
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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 in shanged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

727 393 9K84

**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90019 026 \*\*\*150.00