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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F66057 (3)

1. Corporation Name  
DEER CREEK PRODUCTS, INC.

Principal Place of Business  
% MIKE DI STEPHANO  
2866 NW 26TH STREET  
BOCA RATON FL 33434

Mailing Address  
% MIKE DI STEPHANO  
2866 NW 26TH STREET  
BOCA RATON FL 33434-6012



2. Principal Place of Business  
21 3038 NW 25 AVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 3038 NW 25 AVE  
Suite, Apt. #, etc.

22 City & State  
23 Pompano Beach FL  
24 Zip 33069 25 Country

27 City & State  
28 Pompano Beach FL  
29 Zip 33069 30 Country

3. Date Incorporated or Qualified 02/03/1982  
3a. Date of Last Report 01/31/1996  
4. FEI Number 59-2178970  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEPHANO, MICHAEL D  
2866 N.W. 26TH ST  
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name MICHAEL DISTEPHANO  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 3038 NW 25 AVE  
84 City Pompano Beach FL 85 Zip Code 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] PRES MICHAEL DISTEPHANO 4/15/97  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DI STEPHANO, MICHAEL	
STREET ADDRESS	352 DEERCREEK WILDWOOD	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL DISTEPHANO	
1.3 STREET ADDRESS	3038 NW 25 AVE	
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: [Signature] MICHAEL DISTEPHANO 4/15/97 954/978 0578  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)