SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J21874** **(9)**

1. Corporation Name
MYRON DEETZ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% MYRON D. DEETZ 1130 E. DONEGAN AVENUE SUITE 1 KISSIMMEE FL 34744	% MYRON D. DEETZ 1130 E. DONEGAN AVENUE SUITE 1 KISSIMMEE FL 34744

3. Date Incorporated or Qualified: 06/27/1986
3a. Date of Last Report: 06/06/1995

2. Principal Place of Business	2a. Mailing Address
21 1146 E. Donegan Ave	26 1146 E. Donegan Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Kissimmee FL	28 City & State: Kissimmee FL
24 Zip: 34744 25 Country: OSCeola	29 Zip: 34744 30 Country: OSCeola

4. FEI Number: 59-2682669 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEETZ, MYRON D.
1130 E. DONEGAN AVENUE SUITE 1
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Myron D. Deetz
82 Street Address (P.O. Box Number is Not Acceptable): 1146 E. Donegan Ave
83
84 City: Kissimmee FL 85 Zip Code: 34744

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 _____ DATE
Signature, type/print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DEETZ, MYRON D.		12 NAME	
STREET ADDRESS	1130 E. DONEGAN AVE #1		13 STREET ADDRESS	1146 E. Donegan Ave
CITY-ST-ZIP	KISSIMMEE FL		14 CITY-ST-ZIP	Kissimmee FL 34744
TITLE	VT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DEETZ, NORMA J.		22 NAME	
STREET ADDRESS	1130 E DONEGAN AVE #1		23 STREET ADDRESS	1146 E. Donegan Ave
CITY-ST-ZIP	KISSIMMEE FL		24 CITY-ST-ZIP	Kissimmee FL 34744
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma J. Deetz Norma J. Deetz 6/24/96 407-846-4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #