## 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#** J52574

1, Corporation Name

DEEBEL, INC.

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90282 004 \*\*\*150.00



										li Bibil Bleii ichi
Principal Place	of Business	Mailing Address					Company over some tiggs some in			
% ronald a. Delgado		% RONALD A. DELGADO								
5727 6TH ST		5727 6TH ST				-				
ZEPHYRHILLS FL 33541		ZEPHYRHILLS FL 33541			-	DO NOT WRITE IN THIS SPACE				
						",	Date Incorporated or Qualifed 01/15/1987			
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number			Applied For	
21		26				}	<u>59-2758366</u>		1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Certifcate of Status Desired			Additional	
22		27			5.	Octuicate of Status Desired		Fee	Required	
City & State		City & State			6.	Election Campaign Financing		\$5.0	0 May Be	
		28				Trust Fund Contribution		Adde	d to Fees	
Zip	Cour try	Zip	Country			8.	This corporation owes the cur	rent year int	tangible	
24	25	29	30				Persor al Property Tax.		☐ Yes	IZNo_
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		T		10.	Name and Address of New	Registere d	Agent	
Di-t	DADO BONALD A			81	Name					
	GADO, RONALD A.		82			dress (P	O. Box Number is Not Accept	able)		
	6TH ST									
Zt:Pf	HYRHILLS FL 33541			83						
			-	84	City				85 Zij	Code
			ļ		City			FL	_	7 0 ,000
11. Pursuant to the provisions of Sc ctions 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 cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
	Signature, typed or printed name of registered age	- <del></del>	: Registered /	gent	signature rec			DATE		
12.	<del></del>	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECT	
TITLE	DPT	☐ DELETE	1.1 TITLE						Change	Addition
NAME	DELGADO, RONALD A.			1.2 NAME						Ĭ
STREET ADDRE 3S	7203 PRICE DRIVE		1.3 STF	1.3 STREET ADDRESS						J
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		1.4 CITY-		ZIP					
TITLE	DVS	☐ DELETE	2.1 TIπ	E	- 1				Change	e
NAME	DELGADO, JANET		2.2 NAME							1
STREET ADDRESS	37203 PRICE DRIVE		2.3 STREE		ADDRESS					Ì
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		2. 4 CITY-		-ZiP					
TITLE		☐ DELETE 3.11		3.1 TITLE					Chang	e
NAME			3.2 NA	3.2 NAME						1
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		☐ DELETE 4.1		1.1 TITLE					☐ Chang	e
NAME			4. 2 NA	ME						
STREET ADDRESS	RES S		4.3 STF	4.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	4,6		4.4 CIT	4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	☐ DELETE 5.1 TIT				·-		Chang	e
NAME			5.2 NA	Æ	- 1					
STREET ADDRESS			5.3 STF	EET	ADDRESS					Ì
CITY-ST-ZIP			5.4 CIT	/-ST-	ZIP					
TITLE		☐ DELETE	E 6.1 TITLE						Change	e
NAME :			6.2 NA)	Æ	-					ļ.
STREET ADDRESS			6.3 STF	EET/	ADDRESS					
			I		-					

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 indicate 1 on this annual report or suppliemental 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 corporational that my name appears in Block 12 or Block 13 if changes from an attachment with an address, with all other like empowered.

SIGNATURE:

KONALD A. TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR