FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K35174 (7)

1. Corporation Name
DEAL D.O.R., INC.

Principal Place of Business
% AMILCAR ROBERT
2272 AIRPORT RD SO. SUITE 204
NAPLES FL 33962

Mailing Address
% AMILCAR ROBERT
2272 AIRPORT RD SO. SUITE 204
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1988
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business
21 2272 Airport Road Sth
22 Suite, Apt. #, etc.: Suite 103
23 City & State: Naples, FL
24 Zip: 33962 25 Country: USA

2a. Mailing Address
26 2272 Airport Rd Sth
27 Suite, Apt. #, etc.: Suite 103
28 City & State: Naples, FL
29 Zip: 33962 30 Country: USA

4. FEI Number: 65-0124976 ☐ 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

ROBERT, AMILCAR
2272 AIRPORT RD SO, #204
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: Robert, Amilcar
82 Street Address (P.O. Box Number is Not Acceptable): 2272 Airport Rd So. #103
83
84 City: Naples FL 85 Zip Code: 33962

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DVP
NAME	SCHOLLAERT, CLAUDE
STREET ADDRESS	2272 AIRPORT RD SO, #204
CITY ST ZIP	NAPLES FL
TITLE	P
NAME	ROBERT, AMILCAR
STREET ADDRESS	2272 AIRPORT RD SO, #204
CITY ST ZIP	NAPLES FL
TITLE	DST
NAME	ROBERT, AMILCAR
STREET ADDRESS	2272 AIRPORT RD SO, #204
CITY ST ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ 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 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 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] 4/21/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330402 CP