FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K74519** **(5)**

1. Corporation Name

DEES ENTERPRISES, INC.

Principal Place of Business

1356 TERRACE RD.
CLEARWATER FL 34615

Mailing Address

1356 TERRACE RD.
CLEARWATER FL 34615

3. Date Incorporated or Qualified: **03/17/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2927799** [ ] 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BELL, DELORIS
1356 TERRACE RD
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and F.S. 607.0505, 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. The principal place of business of the corporation is the same as the principal place of business of the registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD [ ] DELETE
NAME	BELL, DELORIS
STREET ADDRESS	1356 TERRACE RD
CITY-ST-ZIP	CLEARWATER FL
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Add/Delete
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Add/Delete
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add/Delete
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Add/Delete
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add/Delete
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add/Delete
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this report is true and complete to the best of my knowledge, and that I am authorized to execute this report. I further certify that the signature indicated for the director and officer on this report is genuine and that the signature shall have the same legal effect and be made under oath. I am aware that false information submitted in a document to the Department of State constitutes a violation of Section 817.155, Florida Statutes, and I certify that my name appears in Block 12 or Block 13 if changed, or is added, in connection with an addition.

SIGNATURE: Deloris Bell 4/24/96 813-461-1012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

CR2E034 (12/95)