## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

L58779

(4)

1. Corporation		` '			
DEERC	ON, INC.			I ARREARIE DAN SINTE IDENI EDAN PROME IDNE DANA	I DENNI GRANI NINII NINII NENII INDE
Principal Place of	of Business	Mailing Address	معالل بالا	\$ (44)(0), 83) \$100, 181)( 18814 18818 (B))	i Bibii Aibit Bibit Bibit Bibit (63)
100 E. 4TH AVE. MT. DORA FL 32751		% DORIS HAJDICH— HAWKING 30843 OKALOOSA TRAIL			
US	L 32731	SORRENTO FL 3277		3. Date Incorporated or Qualified 3a. D	ate of Last Report
		US		03/16/1990	05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address	111 1	and a common of the first of the common common and the common of the com	Applied For
21		26 32530	OKALOOSA TI	<b>F</b> 59-3002079	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Cert-ficate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & Skale	1-0-1	6. Election Campaign Financing	\$5.00 May Be
23		28 SORR	ENTO FF	Trust Fund Contribution	Added to Fees
Ziρ	Country	7/2 2 2 2 1 /	Country	8. This corporation has liability for intangible	
24	25	29 35116	30 USA	Florida Statutes Yes No	
	g. Name and Address of Curre	ent Registered Agent	B1 Name	10. Name and Address of New Registers	ed Agent
LIA IDIO	L DODIC		1 1		
HAJDICH, DORIS 30843 OKALOOSA TRAIL SORRENTO FL 32776			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City		. 85 Zip Code
			'	ation submits this statement for the purpose of	' <b>L</b> .
familiar with SIGNATURE	h, and accept the obligations of, So Squarme, byied or printed name of registered ag-	et and title if applicacie	SCIE Registeral Agent signature requies		
12.		NO DIRECTORS  DELETE	13.	ADDITIONS OF MIGES TO OFFICERS A	ND DIRECTORS IN 12
T-TLE NAME	D Hajdich, Doris	L3 better	T D		
STREET ADDRESS	30843 OKALOOSA TRAIL		1.3 STREE! ADDRESS	32530 OKALOOS SORREN	A TR.
CITY-ST-ZIP	SORRENTO FL		1.4 CITY: ST. ZIP	SORREN	to FL 32776
THLE		DELETE	2 1 1111.6		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	2 4 C TY - ST - ZII" 3 1 TITLE		☐ Change ☐ Addition
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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 12 if changed, or or an attachment with an address.

SIGNATURE:

IGNING OFFICER OR DIRECTOR

3/25/96 904-135-1711