

**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 # **M50751 (0)**

1. Corporation Name  
**DEAL ME IN, INC.**



Principal Place of Business: 3300 N. 29TH AVE STE 102 HOLLYWOOD FL 33020 US  
Mailing Address: 3300 N. 29TH AVE STE 102 HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified: **04/22/1987**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0010313**  
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 (21-24)  
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: **SAWYER, VERNITA D 2324 MAYO ST HOLLYWOOD FL 33020**  
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	SAWYER, VERNITA D 2324 MAYO ST HOLLYWOOD FL	1.1 TITLE: P	GILYARD, JACKIE 2324 MAYO ST HOLLYWOOD, FL 33020
NAME: SAWYER, VERNITA D		12 NAME: GILYARD, JACKIE	
STREET ADDRESS: 2324 MAYO ST		13 STREET ADDRESS: 2324 MAYO ST	
CITY-ST-ZIP: HOLLYWOOD FL		14 CITY-ST-ZIP: HOLLYWOOD, FL 33020	
TITLE: P	GILYARD, HENRY 1702 S 22ND AVE. HOLLYWOOD FL	2.1 TITLE:	
NAME: GILYARD, HENRY		22 NAME:	
STREET ADDRESS: 1702 S 22ND AVE.		23 STREET ADDRESS:	
CITY-ST-ZIP: HOLLYWOOD FL		24 CITY-ST-ZIP:	
TITLE:		3.1 TITLE:	
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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: *Jackie Gilyard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

CR2E034 (12/95)