Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90183 041 \*\*\*150.00

## 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 # P92000014459

1. Corporation Name

DERF EI	nterprises, inc.					
Principal P ac	e of Business	Maifing Address			1 - Malif Mir jen eftein tillei musin matri au	fit Mitabo linker minet minner weien inse einbi
24751 SW 117 AVE P O BOX 700126						
PRINCTON FL 33032 GOULDS FL 33170-0126					DO NOT WRITE I	NITUIÈ CRACE
		US			DO NOT WRITE II	1 TF IS SPACE
					3. Date Incorporated or Qualifed	
A 500000	N	D. Moiling Address			12/29/1992 4. FEI Number	Apr lied For
	Place of Business	2a. Mailing Address			65-0380722	Not Applicable
21	#	26 Suite, Apt. #, etc.			05-0360722	\$8.75 Additional
				5. Certificate of Status Desired	Fee Required	
22     27				6. Election Campaign Financing	\$5.00 May Be	
				Trust Fund Contribution	Added to Fees	
23   Zip	Cour try	Zip	Country		8. This corporation owes the current	
24	25	· · · · ·	10		Persor al Property Tax.	☐ Yes 📜 No
	9. Name and Address of Curi		,o,		10. Name and Address of New Regi	stered Agent
			81	Name		
VICE	(, FRED			-1.0	GO De Number in Not Acceptable	
2475	51 SW 117 AVE		82	Street At or	iress (P.O. Box Number is Not Acceptable)	
PRIN	NCTON FL 33032		83			
			84	City		FL 85 Zip Code
44 Dureugnt	to the provisions of Sections 607	502 and 607 1508 Florida Statutes	the above	e-named cord	poration submits this statement for the purp	nose of changing its registered
office cri	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was aut	horized by	the corporation	ion's board of cirectors. I hereby accept the	appointment as reg stered
SIGNATURE			<del></del>	<del></del> -		DATE
	Signature, typed or printed naine of registered	ANE DIRECTORS	13.	tt signature require	ad when reinstating)  ADDITI(INS/CHANGES TO OFFICE	
TITLE	D	DELETE	1,1 TITLE		ADDITIONOS OF A CONTROL OF A CONTROL	Change Addition
	VICK, FRED		1.2 NAME			
NAME	DO DOV JEE NIA			T ADDRESS		ì
STREET ADDRE 3S	GOULDS FL 33170		1.4 CITY-S			
CITY-ST-ZIP	D			1-219		☐ Change ☐ Addition
TITLE	ļ <b>-</b>	<b>.</b>				
NAME	VICK, GARY		2.2 NAME			
STREET ADDRESS			2 3 STREE			
CITY-ST-ZIP	GOULDS FL 33170	☐ DELETE	2 4 CITY-S 3.1 TITLE	ST-ZIP		Change Addition
TITLE	D NOV MINE	O DECETE		Į.		
NAME	VICK, MIKE		3.2 NAME			
STREET ADDRESS	1 ,		3.3 STREE			
CITY-ST-ZIP	GOULDS FL 33170	DELETE	3 4. CITY- S	ST-ZIP		Change Addition
TITLE	D NOW WALKED	□ DELETE	4.1 TITLE	}		
NAME	VICK, WALTER		4. 2 NAME			
STREET ADDRES S				TADDRESS		
CITY-ST-ZIP	GOULDS FL 33170		4.4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE	)	☐ DELETE	51 TITLE	Ì		☐ Change ☐ Addition
NAME	İ		5.2 NAME	_		
STREET ADDRESS	;		5.3 STREE			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS	5		6.3 STREE	T ADDRESS		

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP