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 # P93000060878

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90052 014 ***150.00

DEERBO	PRN, INC.					
	•					
		Mailing Address				
1266 34TH STREET NORTH 1266 34TH STREET NORTH ST PETERSBURG FL 33701 ST PETERSBURG FL 33701						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
		7			08/26/1993 4. FEI Number Applied	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied 59-3225029 Not App	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				······	\$8.75 Additi	
22 27					5. Certifcate of Status Desired Fee Require	· ·
City & State City & State					6. Election Campaign Financing S5.00 May	Be
28					Trust Fund Contribution Added to Fe	
Zip	Country	Zip	Country	,	This corporation owes the current year Intangible	
24	25	29 30	0		Personal Property Tax.	lo
	9. Name and Address of Curren	t Registered Agent		T-11	10. Name and Address of New Registered Agent	
SCH.	WANKE TIM		81	Name		
SCHWANKE, TIM 15312 CARROLLTON LN			82	Street Ad	Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33624			83			
			63		<u></u>	
			84	City	FL 85 Zip Code	•
44 Dunayant	to the previous of Sections 607 050	2 and 607 1509 Florida Statistae	the abov	e-named co		stered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	horized by	the corpora	corporation submits this statement for the purpose of changing its regis pration's board of directors. I hereby accept the appointment as registe	red
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	ia Statute:	š.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	nt signature requ	equired when reinstating) DATE	-
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	
TITLE	D·	☐ DELETE	1.1 TITLE		Change] Addition
NAME	CHARARA, RADWAN		1.2 NAME	- 1		
STREET ADDRESS	1266 34TH STREET NORTH		1.3 STREE	TADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713		1.4 CITY-5	T-ZIP		7 4 4 4 4 4 4
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	CHARARA, HASSAN		2.2 NAME			
STREET ADDRESS	1266 34TH STREET NORTH		2.3 STREE	TADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713	T DELETE	2. 4 CITY-	ST-ZIP	☐ Change	Addition
TITLE	-	☐ DELETE	3.1 TITLE	-	i Cilarge C	7 70010011
NAME			3.2 NAME			
STREET ADDRESS	,			TADORESS		
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	☐ Change] Addition
TITLE		O percie	1			
NAME	1		4, 2 NAME	T ADDRESS		1
STREET ADDRESS			4.4 CITY-1	i		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	71 - ZJF	☐ Change	Addition
NAME		2	5.2 NAME			ĺ
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-1	ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐	Addition
NAME			6.2 NAME			ſ
STREET ADDRESS			6.3 STREE	T ADDRESS		
	ł		64 CITY.	ET. 7ID		

14. 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.

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR