FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVIDION OF CORPORATIONS

FILED Jun 09, 1999 8:00 am Secretary of State 06-09-1999 90020 047 ***158.75

	199 9	ETRI	DIVISION OF	00					
DOCU	MENT # P 930000)66951	V						
1. Corporatio									
DEAD SE	ERIOUS, INC.							-	
Principal Plac	ce of Business	Mailing	g Address						
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g / 100/000						
2413 NV	W 33RD STREET FL.33142								
11212.2	22002					3. Date Incorporated or Qualified 9/20/93	3a. D	ate of Last R 04/30/9	eport 8
	Place of Business NW 33 RD STREET	⊢	2a. Mailing Address 26			4. FEI Number 65-0437925			plied For ot Applicable
Suite, Apt.	#, etc		ite, Apt. #, etc			5. Certificate of Status Desired	P	\$8.75	
22		27		·		<u></u>		Fee Re	<u> </u>
City &-Stat		28	y & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	, , ,
23 MTAMT Zip	, FLORTDA Country	Zip		Countr	ry	8. This corporation has liability for	r intangible		
24 33142				30			Yes [
	9. Name and Address of Curro	ent Registere	d Agent		41 51	10. Name and Address of New F	Registered	Agent	
				8	1 Name				
	, DERRICK D.			82	2 Street Add	tress (P.O. Box Number is Not Accept	able)		
	NW 33 RD STREET			83	3				
MIAMI	, FL. 33142						 -	05 7.0	Code
								85 Zip (Code
				84	- 3		FL	. `	
office or r	to the provisions of Sections 607.03 registered agent, or both, in the Starm familiar walk, and accept the obli	te of Florida. S	Such change wa	tutes, the above	ve-named corpora	poration submits this statement for the ation's board of directors. I hereby acc	DUIDOSE O	f changing it	s registered registered
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. S igations of, Se	Such change was ection 607.0505,	lutes, the above s authorized by Florida Statute	ve-named corpora by the corpora es.	ation's board of directors. Thereby acc	purpose o ept the app	f changing it	s registered registered
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Sigations of, Se	Such change wa ection 607.0505, plicable (N	lutes, the above s authorized by Florida Statute	ve-named corpora by the corpora es.	poration submits this statement for the ation's board of directors. I hereby accured when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	f changing it cointment as	registered
office or r agent. I a	registered agent, or both, in the Starm familiar with, and accept the obling signature, typed or printed name of registered and OFFICERS A	te of Florida. S igations of, Se	Such change wa ection 607.0505, plicable (N	tutes, the above sauthorized by Florida Statute	ve-named corp yy the corpora es.	ation's board of directors. Thereby acc	purpose of ept the app	f changing it cointment as	registered
office or ragent. I a SIGNATURE	registered agent, or both, in the Starm familiar war, and accept the obling signature, typed or printed name of registered and of the start of the s	te of Florida. Sigations of, Se	Such change wa ection 607.0505, plicable (N	ote Registered A	ve-named corpoy the corporal es.	ation's board of directors. Thereby acc	purpose of ept the app	changing it bointment as	registered
office or agent. I a SIGNATURE 12. IIILEPSTD	registered agent, or both, in the Sta am familiar with and accept the obling signature, typed or printed name of registered a OFFICERS A BAKE, DERRICK D 2413 NW 33RD STRE	te of Florida. Sigations of, Se	Such change wa ection 607.0505, plicable (N	OTE Registered As 1.1 TITLE 1.2 NAME	ve-named corpoy the corporal es.	ation's board of directors. Thereby acc	purpose of ept the app	changing it bointment as	registered
office or ragent. I a SIGNATURE 12. IIILEPSTD NAME STREET AODRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar wan, and accept the obling signature, typed or printed name of registered and of the state of the	te of Florida. Sigations of, Se	Such change wa lection 607.0505, plicable (N RS DELETE	OTE Registered As 113. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ve-named corporal signature required to the corpora	ation's board of directors. Thereby acc	purpose of ept the app	of changing it of changing it of change it of change	RS IN 12
office or ragent. I a SIGNATURE 12. IIILEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta am familiar with and accept the obligation of the state of	te of Florida. Sigations of, Se	Such change wa ection 607.0505, plicable (N	OTE Registered A: 113. 1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2.1 TITLE	ve-named corporal ve-named corporal ve-named corporal ve-named corporal ve-named corporal ve-named ve-	ation's board of directors. Thereby acc	purpose of ept the app	changing it bointment as	registered
office or ragent. I a SIGNATURE 12. IITLEPSTD NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	Such change wa lection 607.0505, plicable (N RS DELETE	OTE Registered A: 13. 1.1 TITLE 1 2 NAME 1 3 STREE 1.4 CITY- 2.1 TITLE 2 2 NAME	ve-named corporal ve-named corporal ve-named corporal ve-named corporal ve-named corporal ve-named ve-named corporal ve-named corporal ve-named corporal ve-named ve-	ation's board of directors. Thereby acc	purpose of ept the app	of changing it of changing it of change it of change	RS IN 12
office of ragent. I a agent. I a signature 12. IITLE PSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	Such change wa lection 607.0505, plicable (N RS DELETE	Utles, the above s authorized before a Statute OTE Registered Agency and the statute of the sta	ve-named corpy the corporal signature required and signature require	ation's board of directors. Thereby acc	purpose of ept the app	of changing it of changing it of change it of change	RS IN 12
office or ragent. I a SIGNATURE 12. IITLEPSTD NAME STREET AODRESS CITY-ST-ZIP HILE NAME	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	Such change wa lection 607.0505, plicable (N RS DELETE	OTE Registered A: 13. 1.1 TITLE 1 2 NAME 1 3 STREE 1.4 CITY- 2.1 TITLE 2 2 NAME	ve-named corpy the corporal signature required and signature require	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it of changing it of change it of change	RS IN 12
office of ragent. I a SIGNATURE 12. IITLE PSTD NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE	OTE Registered As 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ve-named corpy the corpora es. gent signature requ ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ation's board of directors. Thereby acc	purpose of ept the app	of changing it cointment as D DIRECTOR Change	S IN 12 Addition
office of ragent. I a agent. I a signature 12. IITLE PSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE	OTE Registered As 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 NAME	ve-named corpy the corpora es. gent signature requ ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it cointment as D DIRECTOR Change	S IN 12 Addition
office of ragent. I a agent. I a signature 12. IITLE PSTD NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETÉ	OTE Registered April 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 3.4 CITY 3.4 CITY 3.5 STREE 3.4 CITY 3.5 STREE 3.4 CITY 3.5 STREE 3.7 NAME 3.5 STREE 3.4 CITY	ve-named corpy the corporal signature required to t	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it changing it change D DIRECTOR Change	SS IN 12 Addition Addition
office of ragent. I a agent. I a agent. I a signature 12. IITLEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME THE STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE	OTE Registered April 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY 4.1 TITLE	ve-named corpy the corporal signature required and signature require	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it cointment as D DIRECTOR Change	S IN 12 Addition
office or ragent. I a agent. I a agent. I a signature 12. IITLEPSTD NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETÉ	OTE Registered April 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 2.1 TITLE 3.2 NAME 2.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.4 CITY 4.1 TITLE 4.2 NAME 4.4 CITY 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 NAME 4.4 CITY 4.1 TITLE 4.2 NAME	ve-named corpy the corporal signature required and part si	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it changing it change D DIRECTOR Change	SS IN 12 Addition Addition
Office of ragent. I a agent. I a agent. I a signature 12. IIILEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETÉ	OTE Registered Ar 13. 1.1 TITLE 1 2 NAME 1 3 STREE 2 4 CITY 3 1 TITLE 3 2 NAME 3 3 STREE 3 4 CITY 4 1 TITLE 4 2 NAME 4 3 STREE 4 4 NAME 4 3 STREE 4 4 NAME 4 3 STREE 4 1 NAME 4 3 STREE 4 1 NAME 4 3 STREE 4 2 NAME 4 3 STREE 4 2 NAME 4 3 STREE 4 2 NAME 4 3 STREE	ve-named corpy the corporal synthetic requirements and the corporal synthetic requirem	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it changing it change D DIRECTOR Change	SS IN 12 Addition Addition
office of ragent. I a agent. I a agent. I a signature 12. IITLEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETÉ	OTE Registered April 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 2.1 TITLE 3.2 NAME 2.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.4 CITY 4.1 TITLE 4.2 NAME 4.4 CITY 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 NAME 4.4 CITY 4.1 TITLE 4.2 NAME	ve-named corpy the corporal signature required and part si	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it changing it change D DIRECTOR Change	SS IN 12 Addition Addition
Office of ragent. I a agent. I a agent. I a signature 12. IIILEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE DELETE	OTE Registered Ar 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 4.1 STREE 4.4 CITY 4.1 STREE 4.4 CITY 4.1 STREE 4.4 CITY	ve-named corpy the corporal signature required and signature require	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it cointment as D DIRECTOR Change Change Change	S IN 12 Addition Addition
Office of ragent. I a gent. I a gent. I a gent. I a signature 12. IIILEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE DELETE	UILES, the above seauthorized & Florida Statute The Registered Agency of the Statute 13.	ve-named corpy the corporal signature required and signature require	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it cointment as D DIRECTOR Change Change Change	S IN 12 Addition Addition
Office of ragent. I a gent. I a gent. I a signature 12. IIIILEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE DELETE	UILES, the above seauthorized & Florida Statute The Registered Agency of the Statute 13.	ve-named corpy the corporal signature required as t	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it cointment as D DIRECTOR Change Change Change	S IN 12 Addition Addition
Office of ragent. I a gent. I a gent. I a gent. I a signature 12. IIILEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE DELETE	UILES, the above sauthorized & Florida Statute Tiorida Statute 13. 1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2.1 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 41 TITLE 4 2 NAME 4 STREE 4 CITY- 51 TITLE 52 NAME 53 STREE	ve-named corpy the corpora gent signature requ	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	of changing it cointment as D DIRECTOR Change Change Change	S IN 12 Addition Addition
Office or agent. I a agent. I a agent. I a signature 12. IIIILEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE DELETE DELETE	OTE Registered April 13. 1.1 TITLE 1 2 NAME 1 3 STREE 1.4 CITY- 2.1 TITLE 2 2 NAME 2 3 STREE 2 4 CITY 3 1 TITLE 3 2 NAME 4 1 TITLE 4 2 NAME 4 2 STREE 5 1 TITLE 5 2 NAME 5 3 STREE 5 4 CITY- 5 TITLE 5 2 NAME 5 3 STREE 5 4 CITY- 5 TITLE 5 2 NAME 5 3 STREE 5 4 CITY- 5 TITLE 5 2 NAME 5 3 STREE 5 4 CITY-	ve-named corpy the corporal signature required as t	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	change Change Change	IS IN 12 Addition Addition Addition
Office of ragent. I a gent. I a gent. I a gent. I a signature 12. IIILEPSTD NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta am familiar wan, and accept the obligation of the state of	te of Florida, Signations of, Se	DELETE DELETE DELETE	UILES, the above sauthorized & Florida Statute Tiorida Statute 13. 1.1 TITLE 12 NAME 13 STREE 1.4 CIFY- 2.1 TITLE 22 NAME 23 STREE 24 CIFY 31 TITLE 32 NAME 33 STREE 41 TITLE 42 NAME 43 STREE 41 TITLE 52 NAME 53 STREE 54 CITY- 61 TITLE 62 NAME 63 NAME 53 STREE 54 CITY- 61 TITLE 62 NAME	ve-named corpy the corporal signature required as t	ation's board of directors. I hereby acc ired when reinstating) ADDITIONS/CHANGES TO OFF	purpose of ept the app	change Change Change	IS IN 12 Addition Addition Addition

Importance in literator of this affine report of supplemental annual report is frue and accurate and that my signature shall have the same legal effect of the comparation 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 or changed, or on an attachment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99

Daytime Phone #