## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400000090 (8)

DEEB CUSTOM BUILDERS, INC.

**FILED** Feb 18 1997 8:00am Secretary of State

Principal Plac		Mailing Address			Cannada, inn 1915 Aftin anni anni dain	i #Mitt afteli dater Solif ifitit dare ikat.	
8824 EASTHAV	EN COURT	8824 EASTHAVEN CT	8824 EASTHAVEN CT		1		
NEW PORT RK	VEV EL GAREC	NEW PORT RICHEY FL 3465	K-KOAC		ĺ		
US	VICT FL 34035	US			3. Date Incorporated or Qualified	Sa. Date of Last Report	
				12/31/1993	02/27/1996		
2. Principal P	Place of Business	2a. Mailing Address	***************************************		4. FEI Number	Applied For	
21		26		59-3222018	Not Applicab		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required	
Crty & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	y	8. This corporation has liability for		
24	25		30	· ·		Yes No	
	9. Name and Address of Curre	nt Registered Agent		<u> </u>	10. Name and Address of New Ro	gistered Agent	
DEE	B, RICHARD G.		8	Name			
8824 EASTHAVEN COURT			82 Street Ad		dress (P.O. Box Number is Not Accepta	ble)	
NEV	V PORT RICHEY FL 34655		<u> </u>			·	
			[8:	<b>3</b>			
			84	City		85 Zip Code	
			100	City		FL   S   Z   P COGE	
agent. La SIGNATURE	im familiar with, and accept the oblig				orporation submits this statement for the ration's board of directors. I hereby acce quired when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	DPT	☐ DELETE	1.1 TITLE	1		Change  Addition	
NAME	DEEB, RICHARD G.		1.2 NAME	1			
STREET ADDRESS	8824 EASTHAVEN COURT		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	NEW PORT RICHEY FL		1.4 CITY	ST-ZIP	······································		
TITLE	S	☐ DELETE	2.1 TITLE	[		Change	
NAVIE	CARUSO, DOROTHEA R		2.2 NAME				
STREET ADDRESS	8824 EASTHAVEN COURT		2.3 STREE	T ADDRESS			
CiTY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY	-ST-ZIP			
TITL€		☐ DELETE	3.1 TITLE	-		Change Addition	
NAME			3.2 NAME			$a e^{i t}$	
STREET ADDRESS			3.3 STREI	T ADORESS		•	
CITY - ST - ZIP		······································	3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	•			
STREET ADDRESS			4 3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 City	ST-ZIP			
TITLE		DELETE	5.1 TITLE	į		☐ Change ☐ Additi	
NAME			5.2 NAME	- !			
STREET ADDRESS			5.3 STRE	t address			
CITY-ST-ZIP			5.4 CITY	ST-ZIP			
TITLE		DELETE	6.1 TITL€			Change Additi	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY - ST - ZIP			6.4 CITY	ST-ZIP			

14. I do 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.

**SIGNATURE:**