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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400000442 (1)

FILED Feb 27 1998 8:00am Secretary of State

D.E. E\	/ANS BUILDERS, INC.										
Principal Place of Business Mailing Address						1	IN INIES REALT EDITE GALLE AL	TEL MREST MATER	96ill Blan	i didin jihi ildi	
1200 FORT P UNIT 4-D PENSACOLA	ickens Rd. Beach Fl 32561	UNIT 4-D	1200 FORT PICKENS RD. UNIT 4-D PENSACOLA BEACH FL 32561			DO NOT WRITE IN THIS SPACE					
						3. Date Inco 12/23/	rporated or Qualified				
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Numb				Applied For	
21		26				59-32	27 <u>2</u> 67	,===		Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.	├ ─┐ ' ' '			6. Certificate	of Status Desired		T	75 Additional e Required	
City & State		City & State	}, ´			1	Campaign Financing d Contribution			00 May Be ded to Fees	
Zip 24	Country 25	- 					oration owes or has per Property Tax due June		ent year Yes	r Intangible	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
	ANS, DAVID E			31	Name						
1200 FORT PICKENS RD. Unit 4-d			Ī	82	Street Addres	ss (P.O. Box N	umber is Not Accepta	ble)			
PE	NSACOLA BEACH FL 32561		[*	33							
			ŀ	34	City	,		FL	85 2	Zip Code	
office or i	to the provisions of Sections 607 registered agent, or both, in the Si im familiar with, and accept the ob	rate of Florida. Such change was	authorized	by	the corporation	oration submits on's board of di	this statement for the rectors. I hereby acce	purpose of pt the appo	changir pintment	ng its registered t as registered	
SIGNATURE											
12	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered OFFICERS AND DIRECTORS				nt signature required		S/CHANGES TO DEFI	DATE CEDC AND	DIDEA	TORC IN 10	
1.7	INFIC36185	ANNUAL THE PARTY OF THE STATE O	13			ALD DITENT	N	CHA AND	I HEFT	LUBS IIV IZ	

TITLE DELETE ☐ Change ___ Addition EVANS, DAVID E. NAME 1.2 NAME 1200 FT PICKENS RD, UNIT 4D 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA BCH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 supplicing fill 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:

Javid & Frame

2-24-58

850-934-9778

CROEMA