## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000044715 (8)

Corporation Name	•	•	•	•	•	•	•	•	•	_	1.	•
			_									

821 SW 8TH TERRACE CAPE CORAL FL 33991  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified Of/10/1994 O7/19/1995 4. FEL Number Applied For Not Applied For	Principal Place		DEH HEADS, INC		nung Address								
2. Principal Pilice of Business   2a Mating Address   4. Filt Humber   77/19/1985   Application   77/1985   Application   77/1	621 SW 8TH TERRACE			62	621 SW 8TH TERRACE					जन्म <b>क्रमा क</b> ्रि	- 5-6 70061 F		•
2. Principal Pases of Business   2. A. Nalming Additions   55 - 0.498600	CALE COUNT LE 2020							'					
Suite, April 4, etc.  23	2. Principal Pla	ace of Busin	ness	2a.	Mailing Address								ır
Crity & State	21			26					65-0498600		remaining the second of the se		
City & State    City & State		, etc		<u> </u>					5. Certificate of Status Desired				al
20	22			27	0	····				LJ	areas sistema in the		
Zep	·			20	City & State								
28			Country	28	+					r intangutio			····
THOMAS, RUSSELL 23 SW 8TH TERRACE CAPE CORAL FL 33991  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes. the above named consortions submits this statement for the proposed changing for registered agent. or look, in the State of Rocks Such change was authorized by the corporations submits this statement in the purpose of changing for registered agent. or look, in the State of Rocks Such change was authorized by the corporations submits this statement in the purpose of changing for registered agent. State of Rocks Such change was authorized by the corporations board of directors. Thereby accept the disponential as registered agent and influstion with one cape the statement as registered agent. The state of Rocks Such change was authorized by the corporations board of directors. Thereby accept the appointment as registered agent. The provisions of Section 197 5605. Florida Statutes.  SIGNATURE STORIAGE OF FIGERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. THOMAS, RUSSELL 12. Purpose the provision of Sections South change was authorized by the corporations submits this statements.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THOMAS, RUSSELL 12. Purpose the provision of Sections South change was authorized by the corporations submits this statements.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. THOMAS, RUSSELL 22. Purpose the provision of Sections South change was authorized by the corporations submits this statements.  11. THOMAS, RUSSELL 22. OFFICERS AND DIRECTORS IN 12  12. Purpose the corporation submits the purpose of changing to registered directors.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. City Times  22. Purpose the corporation submits the purpose of change was authorized to the corporations submits this statements.  14. City Times  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. City Times  22. Sections Times  23. SERIFFACTORS  24. City Times  24. City Times  25. City Times  26. City Tim			<sub>1</sub> ΄	29					_ I		_	5 105 dar	
THOMAS, RISSELL  82 Street Address (PO Box Number is Not Acceptable)  84 City  85 Part Corp.  85 Part Corp.  86 Part City  86 Part Corp.  86 Part City  86 Part Corp.  87 Part Corp.  87 Part Corp.  88 Part Corp.  89 Part Corp.  80 P		9. Name			ered Agent	11	[			egistered .	Agent		
821 SW 9TH TERRACE CAPE CORAL FL 33991  84 City FL 85 Zip Code FL 95 Zip Code  11. Pursuant to the provisions of Sections 607 (509 and 607 1508, Florida Statutos, file, and become named corporation submits this statement for the propose of changing to registered agent or both, in the State of Florida. Such change was authorized by the opporation's blood of directors. I hereby accept the appointment as registered office or registered agent or both, in the State of Florida. Such change was authorized by the opporation's blood of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of Section 607 0505. Horida Statutos.  SIGNATURE Signature type or usual varie of registerina astrone daught-all in 0002 for purpose of changing to registered agent and familiar with, and accept the obligation of Section 607 0505. Horida Statutos.  12. OF FICERS AND DIRECTORS 11 11 III.E  12. OF FICERS AND DIRECTORS 11 12 12 NNM  THOMAS, RUSSELL  821 SW 8TH TERRACE  13. ADDITIONS/CHANGES TO OF FICERS AND DIRECTORS IN 12 12 NNM  SIRRET ADDRESS  CAPE CORAL FL 33991  14.00° ST-2P  101. DELFIE  13. ADDITIONS/CHANGES TO OF FICERS AND DIRECTORS IN 12 12 NNM  13. ADDITIONS/CHANGES TO OF FICERS AND DIRECTORS IN 12 12 NNM  14.00° ST-2P  15.51 PE  16.10 DELFIE  17.10 DELFIE  18.10 DELFIE  18.10 DELFIE  18.10 DELFIE  18.10 DELFIE  19.10 DELFIE  19	THC	MAS RIL	SSFII				81	Name					
CAPE CORAL FL 33991  11. Pursuant to the provisions of Sections 607 (6502 and 607 1508. Florida Stables, the above named corporation submits this statement that the purpose of changing its registered agent or both, in the State of Florida Stables, the above named corporation submits this statement that the purpose of changing its registered agent all manual provisions of Section 607 (5505. Florida Stables, the above named corporation's board of directors. I hereby accept the appointment as registered agent all manual provisions of Section 607 (5505. Florida Stables).  SIGNATURE  Signature  12.							82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)			
### City ### Bit Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statules, the above named conjugation submits this purpose of changing 15 registered agent or both, in the State of Florida's Statules, the above named conjugation is board of directors. Thereby accept the approximent as registered agent or both, in the State of Florida's Statules, the above named conjugation is board of directors. Thereby accept the approximent as registered agent to both, in the State of Florida's Statules of Florida's Statule													
The provisions of Sections 607 0502 and 607 1508, Florida Statulos, the above-named corporation submits this static-month for the purpose of changing its registered office or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent or many thin, and accept the obligations of Section 607 0505. Florida Statutes  SIGNATURE    Description   Description							83						ŧ
1. Pursuent to the provisions of Sections 607 0502 and 607 1502 Florida Statules. the absorption submits this statement for the purpose of charging its registered agent or both, in the State of Florida. Statules agent 1 am familiar with, and accept the obligations of Section 607 0505. Florida Statules   1.							84	City			<b>85</b> Zip	Code	
SIGNATURE   Signature injured and in agent and state all applicable   (Incit   Engineeric Agent required after remarking)   (Incit   Engineeric Agent remarking)   (Incit	11. Pursuant to office or re	o the provis	ions of Sections 607.050 jent, or both, in the State	02 and 60 e of Florid	07 1508, Florida Statut a Such change was a Section 607 0505, Florida	es, the at authorized	l love l by	-named corporation	oration submits this statement for the on's board of directors. I hereby acce		.     changing r intment as	ts registere registered	ed I
12		11 (21)	and decept the oblig	janona o.	0000011007 00005.110	origin Gran	a.c.						
TITLE	SIGNATURE	Signature types					o Aga	nt signature require					
THE	· · · · · · · · · · · · · · · · · · ·		OFFICERS AF	ND DIREC					ADDITIONS/CHANGES TO OFF	ICERS AND	<del></del> -		96
THE	i I	_			L DETEIR						Change	LJ Add	ngon S
THE	1												\( \bar{8} \)
THE								1					Ę(
NAME	· · · · · · · · · · · · · · · · · · ·	_	OHAL FL 33991		T DELETE			T- ZIP		·····	Change	TT	
STREET ADDRESS   621 SW 8TH TERRACE   2 3 STREET ADDRESS										Ł	Change	L] AU	JILIO 1
CAPE CORAL FL 33891   2 4 CITY - ST - ZIP								*ODDECC					
TITLE	1							ļ					
STREET ADDRESS   STRE	····	UMPE L	OLMT LT 22881		DELETE			11 - ZIP		<u>1</u>	Change.	T Adi	lstion
STREET ADDRESS   STRE										1		L.1	
TITLE	1							ADDRESS					
TITLE	1												
STREET ADDRESS         4 3 STREET ADDRESS           CITY - ST - ZIP         4 4 CITY - ST - ZIP           TITLE         DELETE         5 1 TITLE         Change Addition           NAME         5 2 NAME         5 3 STREET ADDRESS           CITY - ST - ZIP         5 4 CITY - ST - ZIP         Change Addition           TITLE         DELETE         6 1 TITLE         Change Addition           NAME         6 2 NAME         6 3 STREET ADDRESS         6 3 STREET ADDRESS         6 4 CITY - ST - ZIP           CITY - ST - ZIP         6 4 CITY - ST - ZIP         6 4 CITY - ST - ZIP         6 5 CITY - ST - ZIP			****		DELETE					I	Change	Add	lation
	NAME					4 2 1	IAME						
TITLE         DELETE         5.1 TIFLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         5.4 CITY - ST - ZIP         Change         Additust           NAME         6.2 NAME         6.3 STREET ADDRESS         6.3 STREET ADDRESS         6.4 CITY - ST - ZIP         6.4 CITY - ST - Z	STREET ADDRESS					438	THEET	ADDRESS					
NAME         5 2 NAME           STREET ADDRESS         5 3 STREET ADDRESS           City - St - ZIP         5 4 CITY - ST - ZIP           TITLE         DELETE         6 1 TITLE           NAME         6 2 NAME           STREET ADDRESS         6 3 STREET ADDRESS           CITY - ST - ZIP         6 4 CITY - ST - ZIP	CITY-ST-ZIP					440	(JY-S	1 - ZIP					
STREET ADDRESS	TITLE				DELETE	5 1 Ti	ITLE				Change	Ad:	fit on
S 4 CHY - ST - ZIP	NAME					5 2 N	AME						
TITLE         DELETE         6 TITLE         Change         Addition           NAME         6 2 NAME           STREET ADDRESS         6 3 STREET ADDRESS         6 4 CITY-ST-ZIP	STREET ADDRESS					538	THEEF	ADDRESS					
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CHY-ST-ZIP         6.4 CHY-ST-ZIP	·							T - ZIP			<del></del>	n <del>por</del> nin	
STREET ADDRESS         6.3 STREET ADDRESS           CHY-ST-ZIP         6.4 CHY-ST-ZIP					DELETE					Į		Lj Adı	litiof:
City-St-ZiP 64City-St-ZiP													
						i i							
			t the inference of the second	Sec. 11. 11. 11.	in filmen in unit mban. f			<del></del>	de for the exemption of the first	110.07(2)	t. V. Elozial - 1	Crus. dr. o. d	

Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

NO THE NIGHT ON THE THE NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96 941-723-3633