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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400

1. Corporation Name

DEERWOOD DEVELOPERS, INC. P94000087349 (4)

FILED Apr 23 1998 8:00am Secretary of State



Principal Place 1460 RAVEN CI PUNTA GORDO US 2. Principal Pla 21 Suite, Apt. #, 22 City & State	T N FL 33950 ce of Business	Mailing Address 168 ESPLANADI IRVINE CA 92612 US 2a. Mailing Address 2b 1460 RAVEN COURT Suite, Apt. #, etc. 27 City & State			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1994 4. FEI Number				
Zip Country		28 PUNTA GORDA, FL. Zip Country			Trust Fund Contribution 8. This corporation owes or has p	s corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Curren	29 33950	30 US	<u> </u>		Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent			
HAW	THORNE, CARL H.	r riogistation Agoin		81	Name	IA' Mile Canada a (1993)	- 0.2.2.20		
1460	RAVEN CT		}	82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	<u></u>	-
PUN	TA GORDA FL 33950		-	83		as To Code			
				84	City				Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE									
S	ignature, typed or printed name of registered age			Age	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE CEDS AM	D DIRECTOR	\$ IN 12
12.	PVS OFFICERS AN	DELETE	13.	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFF	CERS AIN	Change	Addition
NAME	HAWTHORNE, CARL H.	L seem	1.2 NA						_
STREET ADDRESS	1460 RAVEN CT		1.3 STF	REET	ADDRESS				{
CITY-ST-ZIP	PUNTA GORDA FL 3395		1.4 CIT	1.4 CITY - ST - ZIP					
TITLE		☐ DELETE	2 1 TITLE					Change	Addition C
NAME			4	2.2 NAME 2.3 STREET ADDRESS					
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TITLE	[D			4.1 TITLE				Change	Addition
NAME			4 2 NA	ME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY+ST-ZIP			4.4 CIT	Y-S	T-ZIP		·		
TITLE			5.1 TIT					☐ Change	Addition
NAME			52 NA						
STREET ADDRESS					ADDRESS				
CITY+ST-ZIP		[] briege	5.4 CH		T-ZIP			Change	Addition
TITLE		☐ DEL ETE	6 1 TIT					Change	☐ Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ertify that the information supplied w	ith this filmo does not qualify	6.4 CII for the exe			Section 119.07(3)(i), Florida Statules.	I further o	ertify 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 open 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 aparddress.