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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90060 047 ***150.00

DOCUMENT # 1. Corporation Name	P95000001431
--------------------------------	--------------

DEAK DRECISION INC

1999

T LANGET	icoloiott, itto.							
Principal Place	e of Business	Mailing Address				1 30 131 30 111 30 311	1910) ((8)) D1300)) (0)
100 TECH DR.		100 TECH DR.						
SANFORD FL 3	32771	SANFORD FL 32771			DO NO	OT WRITE IN THIS	SDACE	
US		US			3. Date Incorporated or C		SPACE	
•					01/06/1995	daliled		
0 Date 1 D	Una of Provinces	2a. Mailing Address			4. FEI Number		Ani	olied For
	lace of Business	<u> </u>			59-3299040			Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.			<u> </u>		\$8.75 A	
22 Suite, Apt.	#, etc.	27			5. Certifcate of Status De	sired 🗌	Fee Re	
City & Stat	te .	City & State			6. Election Campaign Fin	ancing	\$5.00	————— Mav Be
23	•	28			Trust Fund Contribution	- ((Added to	
Zip	Country	Zip	Country		8. This corporation owes	the current year In	angible	
24	25	29 30	ĵ .		Personal Property Tax		Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address o	New Registered	Agent	
1			81 Na	me				
7	OHN CROUCH		82 Str	eet Addre	ss (P.O. Box Number is Not	Acceptable)		
;	- Creekview Lin-			382	Winsford (Court		
OVIE	DO FL 32765 ·		83		, — J.			
			84 Cit	<u> </u>			85 Zip C	Code .
,	to the provisions of Sections 607.05			Heco	throw	FL	- 32.	746 ₋
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 607.0505, Florida	a Statutes.			DATE		
40 '	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re ND DIRECTORS	gistered Agent signs	ture required	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
TITLE	P	□ DELETE	1.1 TITLE				Marchanana .	Addition
NAME	E JOHN CROUCH	2 222	1.2 NAME	E.	John Croych 82 Winsford exthrow FL		-	
	4684 CREEKVIEW LN		1.3 STREET ADDR	F99 3	es ulins for	1 Court		
STREET ADDRESS	OVIEDO FL 32765		1.4 CITY-ST-ZIP		anthrons Fl.	32746		
CITY-ST-ZIP.	OVIEDO PE 32763	☐ DELETE	2.1 TITLE	_ _	<u> </u>		Change	Addition
			2.2 NAME				_	
NAME			2.3 STREET ADDR	ESS				
STREET ADDRESS			2.4 CITY-ST-ZIP	L55				
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	-			Change	Addition
NAME '	}		3.2 NAME	.				
			3.3 STREET ADDR	ESS				
STREET ADDRESS CITY+ST-ZIP			3.4. CITY-ST-ZIP					
TITLE '	 	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME '		_	4. 2 NAME	1				
STREET ADDRESS			4.3 STREET ADDR	ESS				
1	1		4.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE								
		☐ DELETE	5.1 TITLE				Change	Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME				☐ Change	☐ Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 a attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

REQUESTS NG OFFICER OR DIRECTOR

DELETE

407-328-3013

Change

☐ Addition