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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS .

DOCUMENT # **P95000007774**1. Corporation Name

DEE DESIGNS ENTERPRISES, INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90012 039 ***150.00



Principal Place	e of Business	Mailing Address				L POURFOUL BIOLOUGH BILLING	8)	Antii lanic inkii	(6 3 (4 6) 6 (6 6)
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					•		WRITE IN THIS	SPACE	
, r						3. Date Incorporated or Qua 01/30/1995	uirea		
2. Principal Pl	lace of Business	2a. Mailing Addr	ess			4. FEI Number		Ap	plied For
21		26				65-0562088			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.			5. Certifcate of Status Desir	ed 🗆	\$8.75 A	II.
22	<u> </u>	27							
City & State	e	City & State				Election Campaign Finan Trust Fund Contribution	cing	\$5.00 Added t	- 1
23	Country	Zip	Col	untry		8. This corporation owes the	current year in		
Zip	25	29	30	,		Personal Property Tax.	oundin your m	Z Yes	□No
24	9. Name and Address of Curr		30			10. Name and Address of I	lew Registered	Agent	,
	17752.23)	81	Name				
BARI	NETT, DONNA	·2.		82	Street Addr	ess (P.O. Box Number is Not Ad	cceptable)		
	SOUTH OCEAN BLVD. #605	'N.	•			PART TO SELECTION OF THE SECTION	are engage on the	1 - 9 - 9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	640 2 10 10 10 10 10 10 10 10 10 10 10 10 10
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		500 and 607 1500 Flori	do Statutoo tho	abouto	named corn	oration cubmits this statement to			
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Flori te of Florida. Such chan	da Statutes, the a ge was authorize	above d by t	-named corporation	oration submits this statement to on's board of directors. I hereby	accept the appo	ointment as re	gistered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	502 and 607.1508, Flori te of Florida. Such chan gations of Section 607.	da Statutes, the a ge was authorize 0505, Florida Sta	above d by t tutes.	-named corporation	oration submits this statement to on's board of directors. I hereby	accept the appo	ointment as re	gistered
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agent I a	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registere	d Agent	<u></u>	d when reinstating) // to kethy	DATE		
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14. I 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, with all other like empowered.

SIGNATURE