NOTICE ORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE, ON PEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P95000030180

DEKLE REALTY, INC.

Principal Place of Business

Mailing Address

15023 CARLTON LAKES ROAD LITHIA FL 33547 15023 CARLTON LAKES ROAD LITHIA FL 33547

FILED Sep 03, 1999 8:00 am Secretary of State

09-03-1999 90001 015 ***550.00



						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifie	d				
						04/13/1995					
. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applie			1 For	4
		26				<u>59-3310400</u>				plicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>F</u> ¬ ' '			5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	3	City & State	City & State			6. Election Campaign Financing \$5.00 May Be					
	28				Trust Fund Contribution		Adde	d to Fe	es	1	
Zip	Country	Zip 29	⊢ ¬	Country 30		This corporation owes the cu Intangible Personal Property.	rrent year	Yes	No.	1	
	9. Name and Address of Currer					10. Name and Address of New	Registered	Agent			1
-\$	3. Italio and rideres of Santo			81	Name		 _				1
MUF	RTHA, THOMAS E			-							4
` 205	EAST BRANDON BLVD, STE D			82	82 Street Address (P.O. Box Number is Not Acceptable)						
' BRANDON FL 33511			,	83						1	
				84	City			85 Z	ip Code	· ·	1
							<u> </u>	<u></u>			-[
11. Pursuant	to the provisions of sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Sta	tutes, the ab	ove-n	named corporation	ation submits this statement for the	purpose of ch ept the appoi	anging its ntment as	registe registe	red ered	
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, section 607.0505	Florida Stat	tutes.	are corporation	To board or an octors. The lowy does	opt the appear				1
SIGNATURE .	• •		_								1
	Signature, typed or printed name of registered age			red Age	ent signature requir	red when reinstating)	DATE				ქ დ
12		ND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN				18
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NAME			•		PODECC						1
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CITY-ST-ZIP.	ertify that the information supplied with	h this filing does not mucht.	6.4 CI	TY-ST-Z	ciP	ion 119 07/3Vi) Florido Statutos (1	urther certify	that the in	formati	on	-
indicated (on this annual report or supplemental	l annual report is true and a	ccurate and	that r	ny signature s	shall have the same legal effect as uired by Chapter 607. Florida Statu	ii made unde	eroaun; una	atiam		

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