## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **APPROVED PRQFIT CORPORATION** ANNUAL REPORT 1996 NOV 15 PM 3 29 1996 SECRETARY OF STATE TALLAHASSEE. FLORIDA **DOCUMENT #** P95000030897 (9) 1. Corporation Name IT'S SUCH A DEAL, INC. Principal Place of Business Mailing Address PO BOX 14610 PO BOX 14610 **BRADENTON FL 34280 BRADENTON FL 34280** 3. Date Incorporated or Qualified 3a. Date of Last Report 4. FEI 04/14/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 Yes 🔲 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) - MATTHEWS, TERENCE 5190 26TH STREET WEST, STE. D 83 **BRADENTON FL** 84 City Zip 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1. 1 TITLE Addition NAME DONALD R SHEFFILLD DONALD R. SMEFFIELD 1.2 NAME THE BUNK MIKE PIST 7719 24TH AVENUE WEST STREET ADDRESS 1.3 STREET ADDRESS 34200 Brudwann, FL BRADEATON, FL 3420B CITY-ST-ZIP 1.4 City - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 100002008571 DELETE -11/19/96--**01448--00**3dition TITLE 3. 1 TITLE NAME 3.2 NAME \*\*\*\*225.00 \*\*\*\*225.00 STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETÉ TITLE 4. 1 TITLE ☐ Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TIŢE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental anjural 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 tustiee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address.

ER OR DIRECTOR

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP