

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000036581 (3)**

1. Corporation Name

LIMITED DEAL, INC.



Principal Place of Business

**922 OLD EUSTIS RD
MOUNT DORA FL 32757**

Mailing Address

**922 OLD EUSTIS RD
MOUNT DORA FL 32757**

2. Principal Place of Business

21 Suite, Apt., P., etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt., P., etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**KEIDAISH, PHILIP F JR.
505 WEKIVA SPRINGS ROAD
SUITE 800
LONGWOOD FL 32779**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1908, 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

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
STENSTROM, JULIE A
922 OLD EUSTIS RD
MOUNT DORA FL 32757**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
DEAL, NANCY A
922 OLD EUSTIS RD
MOUNT DORA FL 32757**

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13.

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

20 TITLE

21 NAME

22 STREET ADDRESS

23 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(k), 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 have been or been authorized 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.

SIGNATURE:

Julie A Stenstrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

904/383-2349

CR2E034 (12/95)