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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000036581 (3)

LIMITED DEAL, INC.

Principal	Place	of	Business
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Mailing Address

FILED Apr 24 1997 8:00am Secretary of State



2a. Mailing Address 2f. Principal Place of Business 2f. Mailing Address 2f. Certificate of Status Desired 2f. City & State 2f. City & State 2f. City & State 2f. Country 2	Pate of Last Report /19/1996
28. Mailing Address 31	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28	Applied For
City & State Country Zip Country Zip Country Zip Country As This corporation has liability for intengible Florida Statutes Florida Statutes Yes 9. Name and Address of Current Registered Agent KEIDAISH, PHILIP F JR. 505 WEKIVA SPRINGS ROAD SUITE 800 LONGWOOD FL 32779 83 City FL 11. Pursuant to the provisions of Sections 607 0502 and 607 15:08, Florida Statutos, the above-named corporation submits this statement for the purpose of 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 appraisant. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutos. SIGNATURE Signature, typed or protect name of registered agent and title if appticable DELETE 1.1 IIII.E DELETE 1.1 IIII.E NOTE Tegistered Agent Signature required when rentating) DATE 1.2 NAME SITENSTROM, JULIE A SITENSTROM DORA FL 32757 IMAGE DELETE 2.1 TITLE DELETE DELETE 3.0 TITLE DELETE 3.0 TITLE DELETE 3.0 TITLE DELETE 3.0 TITLE DELETE	Not Applicable
Trust Fund Contribution	\$8.75 Additional Fee Required
Polymer and Address of Current Registered Agent Section Statutes Yes	\$5.00 May Be Added to Fees
KEIDAISH, PHILIP F JR. 505 WERIVA SPRINGS ROAD SUITE 800 LONGWOOD FL 32779 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 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 appraisance of registered agent, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME STREET ADDRESS 1.1 STREET ADDRESS CITY-ST-2IP MOUNT DORA FL 32757 TITLE D DELETE 2.1 TITLE D DELETE 3.1 TITLE D DELETE 3.2 TITLE D DELETE 3.3 TITLE D DELETE 3.4 TITLE D DELETE 3.5 T	☐ No
SUITE 800 LONGWOOD FL 32779 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 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 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 apparagent. Lem familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registered agent and title if applicable TITLE DELETE 1.1 IIITE DELETE 1.1 STREET ADDRESS CITY-ST-ZIP MOUNT DORA FL 32757 1.4 CITY-S1-ZIP TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE 2.1 TITLE	Agent
SUITE 800 LONGWOOD FL 32779 83 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 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 apparagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or profed name of registered agent and tilk if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME STENSTROM, JULIE A STENSTROM, JULIE A STENSTROM, JULIE A 1.2 NAME STREET ADDRESS CRY-ST-ZIP MOUNT DORA FL 32757 DELETE 2.1 TITLE	
### City #### ### City ####################################	
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office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the applications of section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and tilk if applications NOTE Registered Agent signature required when re-installing) DATE	85 Zip Code
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NAME STENSTROM, JULIE A 1.2 NAME	Change Addition
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Lie Parchy continue that the information purpolied with this filling does not qualify for the parameters stated in Section 119 O7/2V(). Florida Statutor, Lightly and the parameters of the paramet	

6. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j), 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 eath; 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.

CIGNATURE.

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