

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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90132 041 ***150.00

DOCUMENT # P96000002073

1. Corporation Name

DEEPA ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1635 GLENHAVEN CIR OCOE FL 34761 US		1635 GLENHAVEN CIR OCOE FL 34761 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent			
JADONATH, CARMEN J 1635 GLENHAVEN CIR OCOE FL 34761			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 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. (NOT Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
2. TITLE		2.1 TITLE	
2. NAME		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY- ST- ZIP	
3. TITLE		3.1 TITLE	
3. NAME		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY- ST- ZIP	
4. TITLE		4.1 TITLE	
4. NAME		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY- ST- ZIP	
5. TITLE		5.1 TITLE	
5. NAME		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY- ST- ZIP	
6. TITLE		6.1 TITLE	
6. NAME		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY- ST- ZIP	

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0507047