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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000067585 (5)

DEAL PRODUCTS, INC.

Principal Place of Business Mailing Address 11726 LAKE CLAIR CIRCLE 11726 LAKE CLAIR CIRCLE CLERMONT FL 34711 **CLERMONT FL 34711-8815** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Ζŧρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RICHARD, SETH Name 11726 LAKE CLAIR CIRCLE Street Address (P.O. Box Number is Not Acceptable) **CLERMONT FL 34711** 83 84 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, typed or proced name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. 96/6 Change D Addition DELETE 11 TITLE Tille RICHARD, SETH 1.2 NAME NAME CR2E034 11726 LAKE CLAIR CIRCLE STREET ADDRESS 1.3 STREET ADDRESS CLERMONT FL 34711 1.4 CITY - ST - ZIP CITY-ST-DELETE Change Addition THILE 2.1 TITLE NAME: 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - \$1 - 7(P) DELETE Change Addition THILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY ST 20 DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do 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 on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRÉSS

SIGNATURE:

CITY-ST-ZiP

CITY ST-7/P

STREET ADORESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME



DELETE

DELETE

Daylime Phone #

Change

Change

Addition

Addition

**FILED** 

Apr 25 1997 8:00am

Secretary of State