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 21, 1999 8:00 am Secretary of State

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DOCUMENT #	P96000067585
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Corporation Name

DEAL PRODUCTS, INC.

Principal	Place	of	Business



Principal Place of Business Maining Address							
11726 LAKE CLAIR CIRCLE CLERMONT FL 34711 11726 LAKE CLAIR CIRCLE CLERMONT FL 34711				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/14/1996	
2. Principal Pla	ace of Business	2a. Mailing Addres	s			4. FEI Number Applied F	or
21		26				59-3397567 Not Appli	cable
Suite, Apt.	ŧ, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired \$8.75 Addition Fee Required	
City & State	,	City & State	-			6. Election Campaign Financing S5.00 May B Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent	
RICH	ard, seth			81	Name	,	
11726 LAKE CLAIR CIRCLE			82 Street Address (P.O. Box Number is Not Acceptable)				
CLERMONT FL 34711		•	83				
			•	84	City	FL 85 Zip Code	

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of francing 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	Signature, typed or printed name of registered agent and title if ap	plicable. (NOTE: R	egistered Agent signature req		DATE		
12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO C		$\overline{}$	
TITLE	D	☐ DELETE	1.1 TITLE	•	☐ Change	☐ Addition	
NAME	RICHARD, SETH		1.2 NAME				
STREET ADDRESS	11726 LAKE CLAIR CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP				
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	RICHARD, STACEY C		2.2 NAME			{	
STREET ADDRESS	11726 LAKE CLAIR CIR		2.3 STREET ADDRESS				
CiTY-ST-ZIP	CLERMONT FL 34711		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		. Change	☐ Addition	
NAME	· -		3.2 NAME		•		
STREET ADDRESS	•		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME		•		
,STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 C(TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME	-		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	· . · <u>· · . · . ·</u>		6.4 CITY-ST-ZIP		25 0 10		

14. I hereby certify that the information supplied with this filling 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, with an other like empowered.

SIGNATURE