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PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000088675 (9)

DEU INCORPORATED

Principal Place of Business	Mailing Address	
1125 E MICHIGAN ST ORLANDO FL 32806 US	1125 E MICHIGAN ST ORLANDO FL 32806 US	
		3. Da
2. Principal Place of Business	2a. Mailing Address	A FE

FILED May 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Ad	ldress	_		a conteant on tacen dien onto abili datil abili i	/1911 FUPIU UJILI I	JOSET 0111 2001	
1125 E MICHIGAN ST ORLANDO FL 32806 US 1125 E MICHIGAN ST ORLANDO FL 32806 US					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
		1				10/28/1996			
_	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For	
Suite, Apt.	# oto	26 Suite /	led # ata			59-3427183		Not Applicable	
12	·	27	Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & Stat		City & 5	State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
<u> </u>	Zip Country Zip			Country		8. This corporation owes or has paid the current year Intangible			
24	25	29		30		Personal Property Tax due June 30.	Yes	□ No	
	g, Name and Address of Cu	irrent Registered Ag	jent		41.6	10. Name and Address of New Registere	J Agent		
	ISCH, RUSSELL			*	1 Name				
4211 CHATHAM OAK CT #107		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)					
TAI	MPA FL 33625			<u> </u>					
				*	3				
				8	4 City		85 Zi	p Code	
						F			
agent. La	registered agent, or both, in the S im familiar with, and accept the o	State of Florida. Such bligations of, Section	change was 607.0505, Fi	authorized orida Statut	by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	or changing pointment a	as registered	
SIGNATURE	Signature, typed or printed name of registery	of agend and title if applicable	e (NOT	E Registered A	gent signature requ	uired when reinstating) DATE			
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12	
TITLE	P		DELETE	1.1 100			Change		
NAME	ULRICH, DAVID E			1.2 NAM	E				
STREET ADDRESS	2123 AGULA DR			1.3 STAE	ET ADDRESS				
CITY-ST-ZIP	STAFFORD VA			1.4 CITY	- ST - ZIP				
TATLE			DELETE	2.1 TITLE			Change	e 🔲 Addition	
NAME	•			2 2 NAM	E				
STREET ADDRESS				2.3 STRE	ET ADDRESS				
CITY-ST-ZIP				2. 4 CITY	-ST-ZIP				
TITLE			DELETE	3.1 TITLE			Change	e Addition	
NAME				3.2 NAM	:				
STREET ADDRESS				3.3 STRE	ET ADDRESS				
CITY-ST-ZIP				3.4 CITY	- S1 - ZIP				
TITLE		,	DELETE	4 1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	e 🔲 Addition	
NAME				4. 2 NAM	E				
STREET ADDRESS				4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			4.4 CITY	ST-ZIP				
TITLE			☐ DELETÉ	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	e	
NAME				5.2 NAM	:				
STREET ADDRESS				5.3 STRE	ET ADDRESS				
CITY-ST-ZIP				5 4 City	ST-ZIP				
TITLE			DELETE	61 TITLE			Change	e Addition	
NAME				62 NAM					
STREET ADDRESS				63 STAE	ET ADDRESS				
City+St-ZiP				6.4 CITY	·ST-ZIP			ļ	

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 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