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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000092322 (2)

DEE STAN ENTERPRISES, INC.

0:	7700. 1. 177100. Access to 600. Access to 600.						
Principal Place		Mailing Address			A MANAGE HER SELLE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP		
6555 SAND SPU FT MYERS FL 33		6555 SAND SPUR COURT FT MYERS FL 33913			·		
					3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1996		
2. Principal Pl 21	ace of Business	2a. Mailing Address 26 ア・ひ・乃いメ	070	70	4. FEI Number		
Suite, Apt :		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State 23	** ************************************	City & State 28 FT: MYER			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24 339		<sup>Zip</sup> 3 3919 3	Count	Iry	8. This corporation has liability for intangible tax under s. 199.032.  Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent		ZT-7:	10. Name and Address of New Registered Agent		
	ZZO, LUDWIG J		8	1 Name			
	CASTELLO DR STE 101		8	2 Street	Address (P.O. Box Number is Not Acceptable)		
NAPU	ES FL 34103		8	:3			
			8	4 City	EI 85 Zip Code		
11. Parsuant t office or re agent. Lar	o the provisions of Sections 607,0502 egistered agent, or both, in the State on familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida. Such change was aut lions of, Section 607.0505, Florid	, the abo thorized da Statut	by the corp es.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agen	and tile if applicable (NOTE I	Denistanad é	ount eignet, re	e required when reinstating) DATE		
12.	OFFICERS AND		13.	Sport aid totolo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DELETE	1.1 TITLE		Channe WAddition		
NAME			1.2 NAM	E	FLORENCE HILLMAN GOVERNOON STORE SAND SAUR CRUPER		
STREET ADDRESS			1.3 STRE	et address	6556 SAND SAUR CANA		
CITY - ST - ZIP			1.4 CITY	-ST-ZIP	FT. MY TRS, FL. 33919		
TITLE		[_] DELETE	2.1 TITLE		FT. MY TRS, FL. 33919  VP STANLEY HILLMAN  6555 SHAD SPUR COURT  6555 SHAD SPUR COURT		
NAME			2.2 NAM	E	LICCE SHAD SPUR COURT		
STREET ADDRESS				ET ADDRESS	S/T MYERS, FL. 33919  S/T DOLORES HILLMAN   Change Haddition  DOLORES HILLMAN   Change Haddition  6565 SAND SPUR COURT  FT. MYERS, FL 33719		
CHTY - ST - ZIP		DELETE	2. 4 CITY 3.1 TITLE	'-ST-ZIP	S/T Change Addition		
NAME			3.2 NAM	r	TOLORES HILLMAN		
STREET ADDRESS				ET ADDRESS	6565 SAND SPURCEDE		
CITY-S1-ZIP			l	-ST-ZIP	PT. MYERS, FL 33919		
1.TLE		DELETE	4.1 TiTLE		Change Addition		
NAME	•		4. 2 NAN	1E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY+S1+ZIP			4.4 CITY	-\$1-ZiP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAM				
STHEET ADDRESS			5.3 STRE	ET ADDRESS			
CITY - \$1 - 71P	· · · · · · · · · · · · · · · · · · ·		5.4 CITY				
THLE		☐ DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			6.4 CITY	-\$T-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.

SIGNATURE:

SIGNATURE: