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 06, 1999 8:00 am Secretary of State 04-06-1999 90059 037 ***150.00

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/09/1997

65-0794121

4. FEI Number

DOCUMENT # P97000051060

Corporation Name

DEEP SKY TECHNOLOGIES, INC.

Principal Place of Business

5935 23RD STREET VERO BEACH FL 32966 US

Suite, Apt. #, età

2. Principal Plaçe of Business

Mailing Address

2a. Mailing Address

Suite, Apt

27

P O BOX 6897

VERO BEACH FL 32961-6997

(BENIBON TIO 1914) 14011 00114 00121 00411 00101 01104 11011 09140 01511 0911 16

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

City & State	9 _	City State.		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current y	1		
24	25	29 3	0	Personal Property Tax.	☐ Yes No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	tered Agent		
VAZIL I	IC CTEVEN C		81 Name	\ \/,	}		
WILLIS, STEVEN G			82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
5935 23RD STREET							
VERG	D BEACH FL 32966		83	$M \mid M \mid$			
			84 City	- 1 \	85 Zip Code		
					FL		
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 Ptorida-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.							
_	,				1		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE			
TITLE	Ρ .	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	WILLIS, STEVEN G		1.2 NAME	\	,		
STREET ADDRESS	5935 23RD STREET		1.3 STREET ADDRESS		\ \		
CITY+ST-ZIP	VERO BEACH FL 32966		1.4 CITY-ST-ZIP				
TTLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	DOORER, MARY KAYE		2.2 NAME		j		
STREET ADDRESS	5935 23RD ST		2.3 STREET ADDRESS		}		
CITY-ST-ZIP	VERO BEACH FL 32966		2, 4 CITY-ST-ZIP				
TITLE	\$	☐ DELETE -	3.1 TITLE -		Change		
NAME	LEE, WILLIAM K		3.2 NAME				
STREET ADDRESS	2766 1ST PLACE		3.3 STREET ADDRESS	, \ \ \ \ \	ļ		
CITY-ST-ZIP	VERO BEACH FL 32968		3.4. CITY-ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	,		4, 2 NAME	ιΛ I \	Ì		
STREET ADDRESS	1	\ /	4.3 STREET ADDRESS				
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	X	4.4 CITY-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	٦		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(561) 794-949 Daytime Phone #

CR2E034 (11/98)- ..