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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061181 (8)

DEJA VU PEKINGESE ENTERPRISES, INC.

Principal Place of Business Mailing Address 205 NORTH WOODLAND BLVD 205 NORTH WOODLAND BLVD DELAND FL 32720 DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified <u>07/15/1997</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 29 30 Personal Property Tax due June 30. □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED KENTON A SHEPHARD
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 Zip Code Dピしみペク 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its redistered 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, Forida Statutes.

SIGNATURE

Stockles bread or provided before of registering agents and this it most action.

(NOTE Bootstand Agent signature registation).

DATE of registered agent and title if applicabil 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 X DELETE Change Addition TITLE 1.1 TITLE STD SHEPHARD, SUSAN NAME 1.2 NAME KENTON SHOPHARD 205 NORTH WOODLAND BLVD 1.3 STREET ADDRESS STREET ADDRESS 205 ン **BLVD** DELAND FL 32720 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Channe Addition

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 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

3/15/98

Change

Addition

FILED

Mar 19 1998 8:00am

Secretary of State