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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90090 046 \*\*\*150.00

1. Corporation Name	188584			İ			
DEALS 2000 Comp	rady Tale						
DENES 2000 COMP	sany, INC.	•		556629-90	090 - 46		
Principal Place of Business	Mailing Address	oth Au	1				
3200 N. 29th AVE.	3200 11. 0	7 / 1	~				
Hollywood, FL.	Hollywoo	D.FC.		DO NOT WR		IS SPACE	
	,	33020	^	3. Date Incorporated or Qualifed	1		
33020 2. Principal Place of Business	2a. Mailing Address	_ 33020	<u></u>	10/14/47 4. FEI Number			antine that
2. Frincipal Flace of Busiless	26			65-08398/6		<u></u>	pplied For ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				_		Additional
2	27			Certificate of Status Desired			equired
City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
3	28			Trust Fund Contribution		Added	to Fees
Zip Country	Zip	Country		8. This corporation owes the cur	rent year l		
25	29	[30]		Personal Property Tax.	Danietara	☐ Yes	<b>₽</b> No
9. Name and Address of Currer		81	Name	10. Name and Address of New	registere(	u Ageilt	
STEDNEN STEWART							
Stephen Stewart 3200 N. 29th AVE		82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
3200 N. 29 " NE		83		<del></del>			<del>.</del>
Hollywood, FL-3	3020						
HOHYWODD, I E- J	JU#U	84	City		F	85 Zip	Code
T. T. C							
<ol><li>Pursuant to the provisions of Sections 607.050</li></ol>							
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	of Florida. Such change wa	s authorized by th					
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indicated on this annual report or supplemental annual sagget is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar officer or director of the corporation or the receiver or trustee annual sagget and sequence 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: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR