PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000012140

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90159 029 ***150.00

Deingian Dia-	TABLES, INC.	Mailing Address					
Principal Place		_			l l		
2023 CHAMPIONS AVE 2023 CHAMPIONS AVE LAND O'LAKES FL 34639 LAND O'LAKES FL 34639				1			
CHIEF O FINES 15 00003						WRITE IN THIS SPACE	
Į					3. Date Incorporated or Qualifed 02/05/1998		
<u></u>		D. Maritian Address			4, FEI Number	1 40	plied For
	Place of Business	2a. Mailing Address			59-3493855	I I	Applicable
Suite, Apt.	M etc	Suite, Apt. #, etc.				\$8.75 A	
1	#, 8tc.				5. Certificate of Status Desired	Fee Re	
City & Stat	g	City & State			6. Election Campaign Financing	\$5.00	May Be
23	~• · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Coun	itry	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
			1	81 Name			
	D, DONALD R		T.	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	CHAMPIONS AVE		ļ		·		
LAN	D O'LAKES FL 34639			83			[
			l l	84 City		. 85 Zip C	ode
]						• 🔼 🖳	
11. Pursuant	to the provisions of Sections 607.056	02 and 607,1508, Florida Statute of Florida, Such change was au	s, the ab ithorized	ove-named co by the comora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	bojument as tel	jistered
i office or r							
office or r agent. I a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Flori	ida Statu	tes.			
office or r agent. I a SIGNATURE							\ <u>_</u> _
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A		ired when reinstating) DATE		\ <u>_</u> _
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered /	Agent signature requ			\ <u>_</u> _
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE:	13.	egent signature requ	ired when reinstating) DATE	AND DIRECTO	\ <u>_</u> _
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PD JUDD, DONALD R	ent and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITE 1.2 NAM	E #E	ired when reinstating) DATE	AND DIRECTO	\ <u>_</u> _
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PD JUDD, DONALD R 2023 CHAMPIONS AVE	ent and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITE 1.2 NAA 1.3 STR	LE LE LE LEET ADDRESS	ired when reinstating) DATE	AND DIRECTO	\ <u>_</u> _
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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 receivenor 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:

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