PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037494

FILED Apr 01, 1999 8:00 am Secretary of State

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DEE & G	GEF, INC.									ı
Principal Place	e of Business	Mailing Address				i sodithot ira caras ratio a	matra mitter findser mitte	.a civil 1824) A121A	PRINCE BART LAME	
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22 27 27					5.	Certificate of Status Desir	ed []	Fee Re	quired	}
City & State City & State			_		6.	Election Campaign Finan	ciñg 🖂	\$5.00	May Be	
23 28						Trust Fund Contribution	- -	Added t	o Fees	<u> </u>
Zip				try	8.	This corporation owes the	current year is		.,	}
24 .	25	29	30			Personal Property Tax.			No	1
	9. Name and Address of Current	Registered Agent			10.	Name and Address of h	ew Registered	I Agent		ł
001	P MOINE 4			81 Name				•		
	E, DIONNE A		la la	82 Street A	Address (P	O. Box Number is Not Ac	ceptable)			,
	WEST OAKLAND PARK BLVD.		L				·			Ì
. SUN	RISE FL 33351		['	B3					ļ	l
L	•• •		l l	84 City				85 Zip C	Code	İ
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligati	and 607.1508, Florida Statute of Florida, Such change was au	s, the ab thorized	ove-named (by the como	corporation ration's bo	n submits this statement to pard of directors. I hereby :	r the purpose o accept the appo	ointment as rec	gistered	
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agent. I a										ء ا
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		les. Igent elgneture re	equired when n		DATE			(98)
SIGNATURE	Signature, typied or printed ne/ne of registered agent OFFICERS AND	and title if applicable. (NOTE:	tegistered A	gent eignature re	equired when n	emstating)	DATE			(11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered A	gent eigneture re	equired when n	emstating)	DATE	ND DIRECTO	RS IN 12	34 (11/98)
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14. I hereby cartify that the information supplied with this filling 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:

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