

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

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000049841

1. Corporation Name
DEER RUN ENTERPRISES, INC.Principal Place of Business
1000 MASSACHUSETTS AVE
ST. CLOUD FL 34769
Mailing Address
1000 MASSACHUSETTS AVE
ST. CLOUD FL 347692. Principal Place of Business
21 4265 DEER RUN RD
Suite, Apt. #, etc.
22
City & State
23 ST. CLOUD, FL.
Zip
24 34772
25
Country
26 4265 DEER RUN RD.
Suite, Apt. #, etc.
27
City & State
28 ST. CLOUD, FLORIDA
Zip
29 34772
30
Country9. Name and Address of Current Registered Agent
RASHID, MOHAMMAD I
1000 MASSACHUSETTS AVE
ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1998
4. FEI Number
59-3514241
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
10. Name and Address of New Registered Agent81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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1000 MASSACHUSETTS AVE
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100013. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: MR. MOHAMMAD I. RASHID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/24/99 407-957-7006
Date Day/Date Phone #

CR2E034 (1/198)

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90100 020 ***150.00

