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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

S61558

(0)

FILED Jan 20 1998 8:00am Secretary of State

DEE O	BERG, INC.				
Principal Plac		Mailing Address			
3857 INDIAN 508	TRAIL	3857 INDIAN TRAIL 508			
DESTIN FL 32541 DESTIN FL 32541				DO NOT WRITE IN THIS	S SPACE
US		US		3. Date Incorporated or Qualified	
			-	06/19/1991	
2. Principal P	lace of Business	2a. Mailing Address	in of	4. FEI Number 59-3072445	Applied For
Suite, Apl.	<u>cameo</u>	Suite, Apt. W. etc.	ed ct		Not Applicable \$8.75 Additional
22 Suite, Apr.	W, BIC.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & Stat	0 70	City & State	50	6. Election Campaign Financing	\$5.00 May Be
23 Dec	tin tha	20 Keslen	tla	Trust Fund Contribution	Added to Fees
Zip	Country	2 - 3 - 11 /	Country	8. This corporation owes or has paid the c	
24 325	25 Zettetos	29 525 9 / 30	o areen	Personal Property Tax due June 30. 10. Name and Address of New Registerer	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OBERG, INEZ D. 81 Name					
	9 CAMEO CT				
	STIN FL #@%\$		82 Street A	Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
				F	
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable (NO1) F	Registered Agont signature	required when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	0	DELETE	1,1 TIBLE	INEZ DOBERS 29 cames ct Distin Fl 32541	Change Addition
NAME :	OBERG, INEZ D.		1.2 NAME	29 cames ct	. 8
STREET ADDRESS	3857 INDIAN TRAIL DESTIN FL		1.3 STREET ADDRESS	0.7 : 30 37511	lii E
CITY-ST-ZIP	DESTIN FL	DECETE	1.4 CITY - ST - ZIP	ausen the 200 41	ND DIRECTORS IN 12 Change Addition Change Addition
TITLE			2.1 TITLE 2.2 NAME		☐ Onlingo ☐ Addition —
NAME			2.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			2. 4 CITY - ST - 7IP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - S1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		Observe Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELFT E	5.4 C(1Y - S1 - Z(P		Change Addition
THLE		☐ pcrrit	6.1 TITLE		First Assented Filt Modeling
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	cortify that the information supplied w	with this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Indicated on this annual roport or supplied with this initing does not quality for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual roport is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of 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 express.