

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S72675 (9)

1. Corporation Name

DEEP SOUTH ENTERPRIZES, INC.

Principal Place of Business

Mailing Address

1614 N.W. 90TH WAY
PEMBROKE PINES FL 33024

1614 N.W. 90TH WAY
PEMBROKE PINES FL 33024



3. Date Incorporated or Qualified

08/13/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0357503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 9011 NW 18 CT

Suite, Apt. #, etc.

22 City & State
Pembroke Pines FL

23 Zip
33024

24 Country
Broward

2a. Mailing Address

26 P.O. Box

Suite, Apt. #, etc.

27 City & State
Pembroke Pines FL

28 Zip
33024

29 Country
Broward

9. Name and Address of Current Registered Agent

BROWN, COURTNEY
1614 N.W. 90TH WAY
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Courtney Brown

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

(NOTE: Registered Agent signature required when resigning.)

7/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
BROWN, OPAL ARANA
STREET ADDRESS 1614 N.W. 90TH WAY
CITY - ST - ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME V
BROWN, COURTNEY
STREET ADDRESS 1614 N.W. 90TH WAY
CITY - ST - ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME T
EAST, PHYLLIS
STREET ADDRESS 983 E. 103RD STREET
CITY - ST - ZIP BROOKLYN NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 9011 NW 18 CT
1.3 STREET ADDRESS Pembroke Pines FL 33024

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 9011 NW 18 CT
2.3 STREET ADDRESS Pembroke Pines FL 33024

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 9011 NW 18 CT
3.3 STREET ADDRESS Pembroke Pines FL 33024

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Opal Arana Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96 (954) X30-0257

FILE DAYTON PRINCE #

CR2E034 (3/96)