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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V38796

(1)

R.G. DEANE ENTERPRISES INC.

FILED						
Apr 30 1997 8:00am						
Secretary of State						

Principal Place of Business 7491 CONROY RD BUITE B ORLANDO FL 32835 US		Mailing Address 7491 CONROY SUITE B ORLANDO FL 32635-2769 US		3. Date Incorporated or Qualified 3a. Date of Last Report			
00		00			05/26/1992	05/29/1996	
2. Princi	oal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-3128070	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	30 Co.	untry		Yes X No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	DEANE, RANDALL G. 7491 CONROY ROAD SUITE B ORLANDO FL 88014			81 Name82 Street A8384 City	ddress (P.O. Box Number is Not Acceptabl		
11. Purs	uant to the provisions of Sections 607.050.	2 and 607.1508, Florida	Statutes, the a		corporation submits this statement for the pi	FL	

office or registered agont, 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 it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE 1.1 TOLE DEANE, RANDALL G 1.2 NAME NAME Ste B. 7491 CONROY ROAD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 1.4 CDY-ST-7IP DELETE Change TITLE 21 THEF Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZiP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TiTLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELETE Change Addition TITLE 51 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 actival 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 of trusted 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 all attachment with an address.

SIGNATURE.

4/24/97 407 792-1