04-20-1999 90263 027 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V38796** 1. Corporation Name

R.G. DEANE ENTERPRISES INC.

Principal Place of Business Mailing Address							i indis bilden iliai iniit india in	11 <b>0 B</b> 211 <b>3</b> 14 814 8141		1911 91911 1591	
7491 CONROY SUITE B ORLANDO FL 3 US		7491 CONROY SUITE B ORLANDO FL 32835 US				1	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/26/1992				
2. Principal P	lace of Business	2a. Mailing Ad	dress		-110		FEI Number		Apr	olied For	
21		26				1_	59-3128070		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		<b>\$8.75</b> A Fee Red		
City & Stat	е		City & State			6.	Election Campaign Financing Trust Fund Contribution				
Zip	Country 25	Zip 29	30	Country		8.	This corporation owes the curre Personal Property Tax.	•		( <b>X</b> 4/0	
[24]	9. Name and Address of Current			T		10.	Name and Address of New F	egistered A	gent		
DEA	ne, randall g.			81					.,		
7491 CONROY ROAD				82	Street Addr	ess (P	O. Box Number is Not Accepta	ble)			
SUITE B									•		
ORLANDO FL 32835				84	City				85 Zip C	Code	
}					{			<u>FL</u>			
Affice or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such cha	inge was author	ized by	the corporation	oratior on's bo	n submits this statement for the pard of directors. I hereby accep	purpose of chat the appoint	nanging its ment as reg	registered gistered	
SIGNATURE			(NOTE: Deale	hand Ame	nt signature required	d uton o	oinetating)	DATE			
-12.	Signature, typed or printed name of registered agent OFFICERS ANI		<u>-</u>	13.	it signature required		ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	P			1.1 TITLE	T T				☐ Change	☐ Addition	
NAME	DEANE, RANDALL G		▮.	1.2 NAME							
STREET ADDRESS	7491 CONROY ROAD, #B			1.3 STREE	TADORESS					l l	
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-S						Ì	
TITLE				2.1 TITLE					☐ Change	☐ Addition	
NAME			1:	2.2 NAME							
STREET ADDRESS			:	2.3 STREE	TADDRESS					ļ	
CITY-ST-ZIP	<u> </u>			2. 4 CITY-5	ST-ZIP		117				
TITLE			DELETE :	3.1 TITLE			•		Change	☐ Addition	
NAME			:	3.2 NAME						-	
STREET ADDRESS			:	3.3 STREE	TADDRESS						
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP						
TITLE			DELETE	4.1 TITLE					Change	☐ Addition	
NAME				4. 2 NAME						İ	

14. I hereby certify 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 of the 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 any address, with all other like empowered.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

[]] DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

C!TY-ST-ZIP

TITLE

407 292-1696

☐ Addition

☐ Addition

☐ Change

☐ Change