

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 17 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V46717** (7)  
1. Corporation Name  
**DEANZA ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**5203 CENTRAL AVE ST PETERSBURG FL 33710 US** **5203 CENTRAL AVE ST PETERSBURG FL 33710 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/24/1992</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-3137326</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent <b>BANKS, ODESSA L. 5203 CENTRAL AVE ST PETERSBURG FL 33710</b>	10. Name and Address of New Registered Agent
	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANKS, GEORGE E. MD</b>	1.2 NAME	
STREET ADDRESS	<b>5203 CENTRAL AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANKS, ODESSA L.</b>	2.2 NAME	
STREET ADDRESS	<b>5203 CENTRAL AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIGON, REGINALD</b>	3.2 NAME	
STREET ADDRESS	<b>5201 CENTRAL AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIGON, MENDEE B.</b>	4.2 NAME	
STREET ADDRESS	<b>5201 CENTRAL AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George E. Banks, M.D.* 4-12-95 (813) 327-2966  
SIGNATURE AND EITHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GEORGE E. BANKS, M.D.**