

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90002 026 \*\*\*158.75

DOCUMENT # **P92000009822**

1. Corporation Name

**DE MERCEDES MANAGEMENT INCORPORATED**

Principal Place of Business

**2540 S MILITARY TR  
WEST PALM BEACH FL 33415**

Mailing Address

**2540 S MILITARY TR  
WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/04/1992**

4. FEI Number

**65-0384248**

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 owes the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**LIONELLI, GAYLE A  
5263 HELENE CIRCLE  
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name

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

**8190 Muirhead Cir**

83

84 City

**Boynton Bch**

**FL**

85 Zip Code

**33437**

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 *Gayle A. Lionelli*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-7-99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LIONELLI, GAYLE A**

STREET ADDRESS **5263 HELENE CIRCLE**

CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition

1.2 NAME **GAYLE A. LIONELLI**

1.3 STREET ADDRESS **8190 Muirhead Circle**

1.4 CITY-ST-ZIP **Boynton Bch FL 33437**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 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 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: *Gayle A. Lionelli*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-99 561-964-9444**

CR2E034 (5/99)

590820-90002-26  
P920000098 22

De Mercedes Management Incorporated  
2540 S. Military Trail  
West Palm Beach, FL 33415  
(561)-364-4947

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July 8, 1999

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: Document #P92000009822

To Whom It May Concern:

Please find the 1999 Corporate Annual Report for the above company. Please accept our check in the amount of 158.75, which is the filing fee plus the Certificate of Status. We did not receive the first notice of this report and respectfully ask that you waive the penalty, as we have never been late on this fee before.

Sincerely Yours,

  
Gayle Lionelli