

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000024553 (6)**

1. Corporation Name
DEMAR ASSOCIATES, INC.



Principal Place of Business: 210 N. UNIVERSITY DR. SUITE 502 CORAL SPRINGS FL 33071
Mailing Address: 210 N. UNIVERSITY DR. SUITE 502 CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 03/28/1995
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 9766 W. SAMPLE RD	26 9766 W. SAMPLE RD	65-0567509	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CORAL SPRINGS FL	28 CORAL SPRINGS FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33065	25 BROWARD	29 33065	30 BROWARD
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MILAVAC, DENNIS
210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071

81 Name: MILAVAC, DENNIS
82 Street Address (P.O. Box Number is Not Acceptable): 9766 W. SAMPLE RD.
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: *Dennis Milavec* DATE: 4/22/96
Signature typed or printed name of registered agent and title required when reinstating. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILAVAC, DENNIS		1.2 NAME: MILAVAC, DENNIS	
STREET ADDRESS: 210 N. UNIVERSITY DR. SUITE 502		1.3 STREET ADDRESS: 9766 W. SAMPLE RD.	
CITY-ST-ZIP: CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STOVER, MARGARET		2.2 NAME: STOVER, MARGARET	
STREET ADDRESS: 210 N. UNIVERSITY DR. SUITE 502		2.3 STREET ADDRESS: 9766 W. SAMPLE RD.	
CITY-ST-ZIP: CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP: CORAL SPRINGS FL 33065	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis Milavec* DATE: 4/22/96 DAYTIME PHONE: 954 753 8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)