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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P93000056431**1. Corporation Name

DE'LANCE I	Marketing	INC.
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FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90087 037 ***150.00

enncipai elace	e of Business	Mailing Address					
1747 INDEPEND	DENCE	1747 INDEPENDENCE			·		
E8	E8		DO NOT WRITE IN THIS SPACE				
sarasota fli Us	ASOTA FL 34234 SARASOTA FL 34234 US		3. Date Incorporated or Qualified				
JS .		00			08/09/1993		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For
	V. MARION AVE	26 147 W.M	AKION	UARE	65-0430150	⊢- -	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	MAIOL	971.00		\$8.75	Additional
2	.,	27		-	5. Certificate of Status Desired	Fee.R	equired
Gity & State	e .	City & State	4.	#1.	6. Election Campaign Financing	□ \$5.00	May Be
3 Kunta	() - A A (A	28 PUMA 60	da	FIA	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count		8. This corporation owes the current		_/
4 3396	(X) 25 America	²⁹ 33950	30 <i>f</i>	merica-	Personal Property Tax.	☐ Yes	<u>⊠</u> N₀
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	egistered Agent	
			18	Neme	se M hance	_	
	CE, DENISE		E	12 Street Addr	ess (P.Q. Box Number is Not Acceptab	ole),	
	COLONY POINT DR		[_	103	colony M. Dr	<u>)ve/</u>	
	E 47		8	Bu Ou	to Gorda Ala	_	}
PUN	ITA GORDA FL 33950		8	34 City	113 00 (040, 10	85 Zip	Code
						FL ~ 3	3460
-46 or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Elorida, Such change was :	さいけんへいてんばし	ov the corporatio	oration submits this statement for the p on's board of directors. I hereby accept	ourpose of changing it the appointment as r	s registered egistered
agent. í a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	orida Statut	es.		1 1 -	1
SIGNATURE	Newsentar			_		121/99	
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered A	gent signature required		DATE	
			40		ADDITIONS/CHANCES TO OFF	ICEDS AND DIRECT	ORSIN 12 I
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		ORS IN 12
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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, with all other like empowered.