Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90179 006 \*\*\*150.00

PROFIT .. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 647150

1. Corporation Name

DEAMONT INTERNATIONAL LTD. COMPANY

DEAMO	TIMIENNATIONAL LID., O	OIVII AIVII								
Drin nin al Dia s	o of Division	Mailian Address			<del></del>	1 100100 01111 01011 10001 11001 11001 01	IAN BEN BIRN B	idii dibii bidii d	ten even leek	
Principal Place of Business Mailing Address										
2546 COUNTRY GOLF DRIVE 2546 COUNTRY GOLF DRIVE										
WELLINGTON FL 33414 WELLINGTON FL-33414 US US						DO NOT WRITE IN THIS SPACE				
03		00				3. Date Incorporated or Qualifed	<del></del>			ĺ
						12/05/1979				ĺ
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<del> </del>	Apr	plied For	
<b>⊢</b> '	t Contract	26				59-2040496		_ <del></del>	t Applicable	ĺ
Suite, Apt.	# etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		<del>-</del>	33 2040430		\$8.75 A	''	ı
22	π, 6tC.	27				5. Certifcate of Status Desired		Fee Re		l
City & State	e	City & State				6. Election Campaign Financing		\$5.00	Mav Be	l
23	an identify	28				Trust Fund Contribution		Added to	-	
Zip	Country	Zip Country				This corporation owes the current year intangible				
24	29 30					Personal Property Tax.		☐ Yes	□No :	ĺ
	. 9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered .	Agent		ı
	Saft Safe			81	Name					l
	EL, MONROE		ŀ	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)			l
2546 COUNTRY GOLF DRIVE										ĺ
WEL	LINGTON FL 33414		ļ	83						ı
,			ł	84	City			85 Zip C	Code	ľ
_					-		FL_			ľ
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	f Florida. Such change was a ons of, Section 607.0505, Flo	uthorized rida Statu	by tr ites.	he corporation	is board of directors. Jonereby accep	the appoi	ntment as reg	jistered -	
	Signature, typed or printed name of registered agent			Agent :	signature required	ADDITIONS/CHANGES TO OF		ID DIRECTO	DC IN 12	l
12.	OFFICERS AND	DELETE	13. 1,1 TIT	16		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition	l
TITLE	l *	□ DELETE								l
NAME	SOBEL, BEATRICE		1.2 NA							l
STREET ADDRESS	2546 COUNTRY GOLF DR		1.3 STREE		l					l
CITY-ST-ZIP	WELLINGTON FL	- Act FTC	1.4 CIT		-ZIP			Chargo	Addition	ł
TITLE	S	☐ DELETE 2.1 II						☐ Change	□ ∧oomon	l
NAME	SOBEL, MONROE			ļ				į		
STREET ADDRESS				REETA	ADDRESS					
CITY-ST-ZIP			TY-ST-	-ZIP				□ Addition		
TIILE		☐ DELETE	3.1 717	VE.	}			Change	Addition	ĺ
NAME	<u>'</u>		3.2 NA	ME						ĺ
STREET ADDRESS			3.3 911	REET	ADDRES\$				)	1
C/TY-ST-ZIP			3.4. CF	TY-\$T-	-ZIP					1
TITLE		DELETE	4.1 TIT	LE	İ			☐ Change	☐ Addition	ł
NAME			4.2 NA	ME	-					ĺ
STREET ADDRESS	,		4.3 ST	REET /	ADDRESS			تتخريستتسب		¥
= CITY- ST- ZIP.====			4.4 CIT	Y-ST-	ZIP			<del> </del>		
TITLE		☐ DELETE	5.1 TIT	LΕ				Change	☐ Addition	ĺ
NAME		•	5.2 NA	ME		•				İ
STREET ADDRESS			5.3 STI	REETA	ADDRESS	•		,		ĺ
CITY-ST-ZIP	·		5.4 CT	ry-st-	-ZiP	•	• •			
		DELETE	6.1 TIT	1 E				Change	☐ Addition	i

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP