Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90156 017 \*\*\*317.50

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 321159**

1. Corporation Name

DERECKTOR-GUNNELL, INC.

							<u> </u>		
Principal Place of Business Mailing Address					]				
775 TAYLOR LANE 775 TAYLOR LANE					ļ				
DANIA FL 3300	4 .	DANIA FL 33004			İ				
us us					ļ	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/22/1967			
2. Principal Place of Business		2a. Mailing Address			ļ	4. FEI Number	ļ	pplied For	
21		26				59-1225610	····	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	s Desired \$8.75 Additional Fee Required		
_ City & State	e		<u></u>			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	y		a. This corporation owes the current year	Intangible		
24	25	29 3	0			Personal Property Tax.	Yes	□No	
<u></u>	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registers	ed Agent		
			8	Name					
MENDEZ, FRANK ESQ									
1900 CORPORATE BLVD., STE 400-E			8:	2 Stree	t Addres	s (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431			83	3			<del></del>		
			٦	1					
			84	4 City			85 Zip	Code	
office or r	egistered agent, or both, in the State on the state of the familiar with, and accept the obligated as the colligated as the colligated as the colligated as the colligated as the collins are the collins as the collins are the collins as the collins are th	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by la Statute	y the com	poration	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered	
	Signature, typed or printed name of registered agen			ent signature	e required w		AND DIDECT	000 IN 40	
12.	OFFICERS AN		13.		- <del></del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PD DELETE			1.1 TITLE			Griange		
NAME	GUNNELL, ELIAS I		1.2 NAME						
STREET ADDRESS	775 TAYLOR LANE		1.3 STREET ADDRESS		s				
CITY-ST-ZIP	DANIA FL		1.4 CITY-ST-ZIP						
TITLE	SD DELETE		2.1 TITLE				Change	☐ Addition	
NAME	DERECKTOR, PAUL E		2.2 NAME						
STREET ADDRESS	RESS 311 E. BOSTON POST ROAD			2.3 STREET ADDRESS					
CITY-ST-ZIP	MAMARONECK NY		2.4 CITY-	-ST-ZIP					
TITLE	CEO	DELETE	3.1 TITLE				☐ Change	Addition	
NAME	DERECKTOR, ROBE	RT E.	3.2 NAME	1	1				
STREET ADDRESS			3.3 STREET ADDRESS		s			·	
CITY-ST-ZIP		004	3.4. CITY-	ST-ZIP					
TITLE	2 12 33	□ DELETE	4.1 TITLE		1		Change	☐ Addition	
NAME.		<u>—</u>	4 2 NAME		1			•	

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 ray 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 besecute 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. The all other like simpowered.

SIGNING OFFICER OR DIRECTOR

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

2/12/99

(954) 920-5752

☐ Change

☐ Change

☐ Addition

☐ Addition

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