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

**PROFIT** CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 382622

DELWOOD MANAGEMENT CO. INC.

## FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90109 032 \*\*\*150.00

Principal Place 4431 SW 64TH DAVIE FL 33314	AVENUE	Mailing Address  4431 SW 64TH AVENUE DAVIE FL 33314				3. Date Incorpora 05/21/1971	DO NOT WRI	TE IN THIS	SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	-		Ap	plied For
21 209	NE 38 AVE	26 40-70X	573		-	59-1362945	<u> </u>	_ ·	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certifcate of St	atus Desired		\$8.75 A	
City & State City & State					-	6. Election Campa	aign Financing		\$5.00	May Be
23 DANIA BEACH, FL. 28 DANIA BEAC				FL	<u> </u>	Trust Fund Cor	tribution		Added t	o Fees
Zip	Country	Zip /	Country			8. This corporatio	n owes the curr		. <del></del> .	
24 3306	04 25 FROWARD	29 33004 30	BRO	WAR	0	Personal Prope			Yes	□No
	9. Name and Address of Curren	t Registered Agent			1	0. Name and Ad	dress of New F	Registered A	\gent	
DE:	CO C DALU		81	Name						ļ
DELEO, S. PAUL				Street A	Address	(P.Q. Box Numbe	r is Not Accepta	able)		
4431 SW 64-AVE #113 -DAVIE FL 33314				30	9	NE 3	eo Ai	1 <u> E.</u>		
-UAVI	E FL 33314		83	/	•					1
			84	City					85 Zip (	Code
					AN	11A 15E	4011	<u>FL</u>	13:	3004
office or n	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was autho	orized by t	-named o he corpo	corporat oration's	ion submits this st board of directors	atement for the . I hereby accep	purpose of o ot the appoin	changing its itment as re	registered gistered
SIGNATURE	, ,									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Reg	istered Agent	signature re	equired whe			DATE		
12.	OFFICERS AN		13.			ADDITIONS/CH.	ANGES TO OF	FICERS AN		
TITLE	VD	DELETE	1.1 TITLE						Change	☐ Addition
NAME	DELEO,W T	/	1.2 NAME	J						}
STREET ADDRESS	4431 SW 64TH AVE		1.3 STREET	ADDRESS		•				
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-		<del></del>	<del></del>				C Addition
TITLE	PD	☐ DELETE	2.1 TITLE	ľ	Ψ,	T, 5	_		Change	Addition
NAME	DELEO,S PAUL		2.2 NAME		DE	LEO, S.T INE 3 I NIA BEI	AUL			
STREET ADDRESS	4431 SW-64TH AVE		2.3 STREET	ADDRESS	300	ラルミろん	42年。			
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST	- ZIP	DA	NIA BEL	ICH, F	<u> </u>	204	- A 4 4 10
TITLE	D	DELETE	3.1 TITLE	1					Change	☐ Addition
NAME	DELEO, SAMUEL P		3.2 NAME							
STREET ADDRESS	4431 SW 64TH AVE	,	3.3 STREET	ADDRESS						
CITY-ST-ZIP	DAVIE FL		3.4. CITY-ST	-ZIP					[7] Al	
TITLE		☐ DELETE	4.1 TITLE	1					Change	Addition
NAME			4. 2 NAME			-			•	}
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST	ZIP					C7.01	F7 A 4.000
TITLE		☐ DELETE	5.1 TITLE						Change	Addition [
NAME			5.2 NAME				•		•	
STREET ADDRESS			5.3 STREET	- 1						
CITY-ST-ZIP			5.4 CITY-ST-	ZIP					F7.04	□ A 2.250
TITLE		☐ DELETE	8.1 TITLE	ĺ					Change	☐ Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	- 1						
CITY-ST-ZIP .			6.4 CITY+ST-	ZIP						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.

SIGNATURE: