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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 525661

(5)

DECLEM DEDDODITOTION CEDVICE INC

Principa Place		Mailing Address 919 NO BEACH ST			
DAYTONA BCH FL 32117		DAYTONA BCH FL 32117-5	029		
				3. Date Incorporated or Qualified 02/11/1977	3a. Date of Last Report 02/12/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	 #, ek:	Suite. Apt. #, etc.		59-1724785	Not Applicable S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Z _I p	Country	[28]	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent
	nfrau, Phillip J Jr		81 Name		
701 N PENINSULA DRIVE			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)	
DAY	TONA BCH FL 32018		83		
			84 City		85 Zip Code
			84 City		FL 85 Zip Code
agent ha SiGNATURE	ทั้ familiar with, and accept the oblig	ations of, Section 607.0505, Fl	authorized by the corpora orida Statutes. F Registered Agent signature requirements. 13.	ation's board of directors. I hereby acce uired when reinstating! ADDITIONS/CHANGES TO OFF	OATE
Tillef	P	DELETE	f.11 711LE	ADDITIONS OF ANGLES TO GET	Change Addition
NAME	BRESLIN, DOROTHY M		1.2 NAME		_ , _
STREET ADDRESS	919 NO BEACH ST		1.3 STREET ADDRESS		
017Y - \$1 - 7·P	DAYTONA BCH, FL 00000		1.4 CI*Y - ST - ZIP		
1.011	V	Délete	21 TITLE		Change
NAME OFFICE ADDRESS	BRESLIN, NED A		2.2 NAME		
STREET ADDRESS	919 NO BEACH ST DAYTONA BCH, FL 00000		2.3 STREET ADDRESS 2 4 GHY+ST+ZIP	, 1	<u>!</u>
CHY-ST-ZIP TITLE	ST	DELETE	317(TLE		Change Addition
NAME	BRESLIN, WILLIAM H		3 2 NAME		
STREET ADDRESS	919 NO BEACH ST		3.3 STHEET ADDRESS		
CiTy - S1 - ZIP	DAYTONA BCH, FL 00000		3 4. CiTY - ST - ZIP		
TIILE		DETELE	4 1 TITLE		☐ Change ☐ Addition
MAMÉ			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - 7-2 Tifle		DELETE	4.4 CITY - \$1 - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		···-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			G 3 STPEET ADDRESS		
C TY-S1-7IP	ny cert by that the information sociol e	d with this filing does not recall	■ 64 CITY-ST-ZIP fy for the exemption state	ed in Section 119.07(3)(i), Florida Statut	es. I further certify that the
informatio Lam an o	m indicated on this annual report of s flicer or director of the corporation of	supotemiental angual report is t	rue and accurate and the vered to execute this rep	at my signature shall have the same leg ort as required by Chapter 607, Florida	ial effect as if made under oath: that i

SIGNATURE:

FILED

Jan 14 1997 8:00am

Secretary of State