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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90035 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 650086

1. Corporation Name

D & E MANAGEMENT COMPANY, INC.

Principal Place of Business

~~8732 S. BAY DR.~~ 9780 Kilgore Rd
ORLANDO FL ~~32819~~ 32836-5706

Mailing Address

~~8732 S. BAY DR.~~ 9780 Kilgore Rd
ORLANDO FL ~~32819~~ 32836-5706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1980

4. FEI Number

59-2083355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9780 Kilgore Rd

Suite, Apt. #, etc.
22 Orlando, Florida

23 City & State
32836

24 Zip
32836

Country

2a. Mailing Address

26 9780 Kilgore Rd

Suite, Apt. #, etc.

27 City & State
Orlando Florida

28 Zip
32836-5706

Country
USA

9. Name and Address of Current Registered Agent

JOSEPHS, MRS. ELEANOR

~~8732 S. BAY DR.~~ 9780 Kilgore Rd
ORLANDO FL ~~32819~~ 32836-5706.

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME JOSEPHS, D.
STREET ADDRESS ~~8732 S. BAY DR.~~ 9780
CITY-ST-ZIP ORLANDO FL

TITLE P ☐ DELETE
NAME JOSEPHS, ELEANOR
STREET ADDRESS ~~8732 S. BAY DR.~~ 9780 Kilgore Rd
CITY-ST-ZIP ORLANDO FL 32836-5706

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: E. Josephs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 407-876-4173

Date

Daytime Phone #

CR2F034 (11/98)