

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88696 (2)
1. Corporation Name
D'ELEGANCE MANAGEMENT LIMITED, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:15

Principal Place of Business

1897 BACOM POINT RD.
P.O. BOX 215
PAHOKEE FL 33476-0215

Mailing Address

1897 BACOM POINT RD.
P.O. BOX 215
PAHOKEE FL 33476-0215

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/28/1982		04/14/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2322666		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees ☒ Yes ☐ No	
26		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HUGHES, METRA
1897 BACOM POINT RD.
PAHOKEE FL 33476

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, METRA	1.2 NAME	
STREET ADDRESS	1897 BACOM POINT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

[Signature]

METRA HUGHES, PST

1-16-95

1079247330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #