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Feb 25, 1999 8:00 am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F88696**

D'ELEGANCE MANAGEME	ENT LIMITED, INC.		
Principal Place of Business	Mailing Address		(the fide that father faths ditte ditt graft fr
1897 BACOM POINT RD. P.O. BOX 215 PAHOKEE FL 33476-0215	1897 BACOM POINT RD. P.O. BOX 215 PAHOKEE FL 33476-0215		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/28/1982
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-2322666 Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	City & State		6, Election Campaign Financing Trust Fund Contribution - \$5.00 May Be Added to Fees
Zip Country 24 25	29 3	Country	8. This corporation owes the current year intangible Personal Property Tax.
9. Name and Addre	ss of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent
HUGHES, METRA 1897 BACOM POINT RD. PAHOKEE FL 33476		82 Stree 83	t Address (P.O. Box Number is Not Acceptable)
		84 City	FL 85 Zip Code
office or registered agent, or both, agent. I am familiar with, and accessiGNATURE	, in the State of Florida. Such change was auth ept the obligations of, Section 607.0505, Florid	horized by the corp	d corporation submits this statement for the purpose of changing its registerer poration's board of directors. I hereby accept the appointment as registered
	`- `-		required when reinstating) DATE
12. O	FFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1810150 1550	- OELETE	1.2 NAME	Change Autr
NAME HUGHES, METRA STREET ADDRESS 1897 BACOM POIN	IT RN	1.2 NAME 1.3 STREET ADDRESS	
DALIONEE EL COATA		2	
TITLE V	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	V ⊠ Change ☐ Addi
NAME LOREZ, MARIA		2.2 NAME	Lopez, Maria
STREET ADDRESS 430 E. 2ND ST.		2.3 STREET ADORESS	
CITY-ST-ZIP PAHOKER FL		2.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	☐ DELETE	3.1 TITLE	Parlokee, FD 35470
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	3

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

44 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

DELETE

561-924-7330

Change

Change

Change

Addition

Addition

Addition