

FILED

Jun 03 1998 8:00am  
Secretary of State

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

<b>PROFIT CORPORATION / ANNUAL REPORT 1998</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002632 (7)

1. Corporation Name

DEMARCO DESIGN SERVICE INC.

Principal Place of Business

Mailing Address

9 Carol Ct.

Palm Coast, FL 32137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
05/20/944. FEI Number  
22-1869617Applied For  
Not Applicable5. Certificate of Status Desired  
\$8.75 Additional Fee Required6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees7. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

DeMarco, Salvatore R.

9 Carol Ct.

Palm Coast, FL 32137

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 607.1506, 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	President	DELETE
NAME	DeMarco, Salvatore R	
STREET ADDRESS	9 Carol Ct.	
CITY - ST - ZIP	Palm Coast, FL 32137	

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		

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)(f), 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:

SALVATORE R. DEMARCO 5-20-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)