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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90034 039 \*\*\*150.00

## DOCUMENT # G42562 1. Corporation Name

NEVILLE & DELMA ENTERPRISES, INC.

Principal Place of Business  3570 LANTANA RD LANTANA RD LANTANA FL 33462 US  DO NOT WRITE IN THE COMMENT OF STREET O	Ap No \$8.75 A Fee Re \$5.00 Added to	oppled For ot Applicable Additional equired Vay Be
LANTANA FL 33462 US  LANTANA FL 33462 US  DO NOT WRITE IN THE  3 Date incorporated or Qualifed —  06/07/1983  4. FEI Number  59-2233272  Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  City & State  City & State  28  City & State  29  Country  Zip  Country  Zip  Country  29  Name and Address of Current  Registered Agent  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.	\$8.75 / Fee Re \$5.00 Added to Unitangible	Additional equired Way Be to Fees
US  DO NOT WRITE IN THE CONTROL OF Place of Business  2. Principal Place of Business  2. Principal Place of Business  2. Principal Place of Business  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  City & State  City & State  City & State  2. Country  Zip  Country  Zip  Country  Zip  Country  A. FEI Number  5. Certifcate of Status Desired  Trust Fund Contribution  Trust Fund Contribution  Experience of Status Desired  Trust Fund Contribution  Trust Fund Contribution  Sip  Country  A. This co poration owes the current year personal Property Tax.  9. Name and Address of Current  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.  82 Street Address (P.O. Box Number is Not Acceptable)	\$8.75 / Fee Re \$5.00 Added to Unitangible	Additional equired Way Be to Fees
2. Principal Place of Business  2. Fel Number  5. Certificate of Status Desired  2. City & State  2. Country  2. Country  2. Country  2. Country  2. Country  3. Date in xorporated or Qualifed  4. FEl Number  5. Certificate of Status Desired  5. Certificate of Status Desired  5. Certificate of Status Desired  Country  5. Certificate of Status Desired  Country  8. Find Contribution  2. Principal Place of Business  5. Certificate of Status Desired  Country  5. Certificate of Status Desired  Country  8. This co poration owes the current year Personal Property Tax.  9. Name and Address of Current Registered Agent  8. Name  SOOKRAM, NEVILLE  6. Electior Campaign Financing  Trust Fund Contribution  10. Name and Address of New Registered  81 Name  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.	\$8.75 / Fee Re \$5.00 Added to Unitangible	Additional equired Way Be to Fees
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Country 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 8. This co poration owes the current year Personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	\$8.75 A Fee Re \$5.00 Added to	Additional equired Way Be to Fees
22. Principal Place of Business 24. Mailing Address 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. City & State 28. City & State 29. City & State 20. City & State 21. City & State 22. City & State 23. Country 24. Country 25. Country 26. Electior Campaign Financing Trust Fund Contribution 28. This co poration owes the current year Personal Property Tax.  29. Name and Address of Current Registered Agent 29. Name and Address of New Registered 29. Name and Address of New Registered 29. Street Address (P.O. Box Number is Not Acceptable)	\$8.75 A Fee Re \$5.00 Added to	Additional equired Way Be to Fees
21 26 59-2283272  Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired    City & State City & State 6. Election Campaign Financing Trust Fund Contribution    Zip Country Zip Country 8. This co poration owes the current year Personal Property Tax.  9. Name and Address of Current Registered Agent    SOOKRAM, NEVILLE 6245 TEFNUT TERRACE.	\$8.75 A Fee Re \$5.00 Added to	Additional equired Way Be to Fees
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  City & State  City & State  28  Zip  Country  Suite, Apt. #, etc.  City & State  6. Electior Campaign Financing Trust Fund Contribution  Trust Fund Contribution  8. This co poration owes the current year Personal Property Tax.  9. Name and Address of Current Registered Agent  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.	\$8.75 / Fee Re \$5.00 Added to Intangible Yes	Additional equired May Be to Fees
Suite, Apt. #, etc.  22 City & State  City & State  28  Zip Country  Zip Country  29  29  30  Country  9. Name and Address of Current  Registered Agent  Suite, Apt. #, etc.  5. Certifcate of Status Desired  6. Electior Campaign Financing Trust Fund Contribution  8. This co poration owes the current year Personal Property Tax.  9. Name and Address of New Registered  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.	\$5.00 Added to Intangible  Yes	Nay Be to Fees
27 City & State 28 City & State 29 Country 29 Country 29 Country 30 Country 48. This co poration owes the current year Personal Property Tax.  9. Name and Address of Current 89. Name and Address of Current 81 Name SOOKRAM, NEVILLE 6245 TEFNUT TERRACE. 82 Street Address (P.O. Box Number is Not Acceptable)	\$5.00 Added to Intangible  Yes	May Be to Fees
City & State  28  Zip Country  Zip Country  29  29  30  Country  9. Name and Address of Current  Registered Agent  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.  City & State  City & State  28  City & State  Trust Fund Contribution  8. This co poration owes the current year Personal Property Tax.  9. Name and Address of New Registers  81  Name  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.	Added to	to Fees
Zip   Country   Zip   Country   Sip   Countr	Intangible  Yes	
Zip Country  2ip Country  2ip Country  2ip Country  30  8. This co poration owes the current year Personal Property Tax.  9. Name and Address of Current  9. Name and Address of Current  81 Name  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.  82 Street Address (P.O. Box Number is Not Acceptable)	☐ Yes	[]No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered  81 Name  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.  82 Street Address (P.O. Box Number is Not Acceptable)		[]No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered  81 Name  SOOKRAM, NEVILLE  6245 TEFNUT TERRACE.  82 Street Address (P.O. Box Number is Not Acceptable)	erl Agent	
SOOKRAM, NEVILLE 6245 TEFNUT TERRACE. 82 Street Address (P.O. Box Number is Not Acceptable)		
6245 TEFNUT TERRACE.		
6245 TEFNUT TERRACE.		
84 City	85 Zip 0	Cc de
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named co-poration submits this statement for the purpose.		- sistand
Signature, typed or printed nar e of registered agent ind title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
	Change	Addition
		_
NAME SOOKRAM, NEVILLE 12 NAME		
STREET ADDRESS 6245 TEFNUT TERRACE 1.3 STREET ADDRESS		
CITY-ST-ZIP LAKE WORTH, FL 00000 1.4 CITY-ST-ZIP	Change	☐ Addition
TITLE VSD DELETE 2.1 TITLE	Change	Addition
NAME SOOKRAM, DELMA 22 NAME		
STREET ADDRESS 6245 TEFNUT TERRACE 2.3 STREET ADDRESS		
CITY-ST-ZIP LAKE WORTH, FL 00000 2.4 CITY-ST-ZIP		
TITLE DELETE 31 TITLE	Change	Addition
NAME 32 NAME		
NAME 32 NAME STREET ADDRE'S 3.3 STREET ADDRESS		
STREET ADDRE'S  3.3 STREET ADDRESS	Change	Addition
STREET ADDRE'S         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4. CITY-ST-ZIP	Change	Addition
3.3 STREET ADDRE'S   CITY-ST-ZIP	☐ Change	Addition
3.3 STREET ADDRE'S   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   4.2 NAME   4.2 NAME	☐ Change	
STREET ADDRE'S   3.3 STREET ADDRESS   3.4. CITY-ST-ZIP	☐ Change	
3.3 STREET ADDRE'S   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   4.2 NAME   4.2 NAME   4.3 STREET ADDRE'S   4.4 CITY-ST-ZIP   TITLE   DELETE   5.1 TITLE   5.2 NAME   5.2 NAME   5.3 STREET ADDRESS   5.1 TITLE   5.3 NAME		
STREET ADDRE'S   3.3 STREET ADDRESS   3.4. CITY-ST-ZIP   3.4. CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.3 STREET ADDRESS   CITY-ST-ZIP   4.4 CITY-ST-ZIP   DELETE   5.1 TITLE   DELETE   5.1 TITLE   CITY-ST-ZIP   CITY-ST-Z		
STREET ADDRE'S   3.3 STREET ADDRESS   3.4. CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   TITLE   DELETE   5.1 TITLE   DELETE   5.2 NAME   5.2 NAME   5.2 NAME   5.3 STREET ADDRESS		
STREET ADDRE'S   3.3 STREET ADDRESS   3.4. CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   TITLE   DELETE   5.1 TITLE   DELETE   5.1 TITLE   5.2 NAME   5.2 NAME   5.2 NAME   5.3 STREET ADDRESS   5.3 STRE		Addition
STREET ADDRE'S   3.3 STREET ADDRESS   3.4. CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   TITLE   DELETE   5.1 TITLE   5.1 TITLE   5.2 NAME   5.2 NAME   5.2 NAME   STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   TITLE   DELETE   5.1 TITLE   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.3 STREET ADD	☐ Change	Addition
STREET ADDRE'S   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   4.1 TITLE   DELETE   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   4.4 CITY-ST-ZIP   5.1 TITLE   DELETE   5.1 TITLE   5.2 NAME   5.2 NAME   5.3 STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   5.1 TITLE   5.1 STREET ADDRESS   5.3 STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   5.5 TITLE   5.5 TI	☐ Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify fir 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 or derivative 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:

OR PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR

CR2E034 (11/98)