

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H79218 (4)

1. Corporation Name

DERRAN CORP.



Principal Place of Business

Mailing Address

**17090 PASSAGE NORTH
P.O. BOX 523
JUPITER FL 33477
US**

**17090 PASSAGE NORTH
P.O. BOX 523
JUPITER FL 33477
US**

3. Date Incorporated or Qualified
10/04/1985

3a. Date of Last Report
02/24/1995

4. FEI Number

59-2582920

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **15 Ocean Drive**

26 **15 Ocean Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Jupiter, FL**

28 **Jupiter, FL**

Zip

Country

Zip

Country

24 **33469**

25 **US**

29 **33469**

30 **US**

9. Name and Address of Current Registered Agent

**KRAMER, SCOTT, ESQ.
1155 US ONE, STE. 205
JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name

Deleo, Ralph J

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

15 Ocean Drive

83

84 City

Jupiter

FL

85 Zip Code
33469

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 fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

Ralph J Deleo

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DELEO, RALPH J.	
STREET ADDRESS	12 ASPETUCK AVE	
CITY-ST-ZIP	NEW MILFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELEO III, RALPH J.	
STREET ADDRESS	12 ASPETUCK AVE	
CITY-ST-ZIP	NEW MILFORD CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DELEO, DEREK J.	
STREET ADDRESS	12 ASPETUCK AVE.	
CITY-ST-ZIP	NEW MILFORD CT	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DELEO, LINDA	
STREET ADDRESS	17090 PASSAGE NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	15 Ocean Drive
4.4 CITY-ST-ZIP	Jupiter, FL 33469
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:

Ralph J. Deleo

Ralph J. Deleo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)