

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 9:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J99211

(1)

1. Corporation Name

DELU OF VENICE CORPORATION

Principal Place of Business

**% DENNIS DUBYTZ
232 FIESOLE ST
VENICE FL 34285**

Mailing Address

**% DENNIS DUBYTZ
232 FIESOLE ST
VENICE FL 34285**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1987

3a. Date of Last Report

03/16/1994

4. FEI Number

65-0059595

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**

6. This corporation has liability for intangible tax under S. 119.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DUBYTZ, DENNIS
232 FIESOLE ST
VENICE FL 34285**

10. Name and Address of New Registered Agent

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 607.1508, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DUBYTZ, DONALD
838 MCLEOD ST
NORTH BAY, ONTARIO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DUBYTZ, LUCIE
838 MCLEOD ST
NORTH BAY, ONTARIO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
DUBYTZ, DENNIS
232 FIESOLE ST
VENICE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DUBYTZ, DEBORAH
232 FIESOLE ST
VENICE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

Don DUBYTZ (DIRECTOR) 705-472-2980
FEB-19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE