05-07-1999 90023 009 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L10676

1. Corporation Name

DER SOCIETY, INC.

Principal Place of Business Mailing Address								887   11911   8611   81121   18	BIB BHIL BHELL BI	OIL 01911 OIL	III <b>B</b> IBA	
C/O DAVID F. COWAN. JR 1501 BELMONT DR 1501 BELMONT DR ORLANDO FL 32806 ORLANDO FL 32806						DO NOT WRITE IN THIS SPACE						
US US							3. Date Incorp 08/21/19	orated or Qualifed				
Principal Place of Business     2a. Mailing Address							4. FEI Number				Applie	ed For
21 26							NOT API	PLICABLE				pplicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certificate of	Status Desired		\$8.7		
27							3. Continuate o			Fee	Requi	ired
City & State		City & S	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28					Trust Fund	Contribution		Adde	d to F	ees
Zip	Country Zip Cou				У		8. This corporation owes the current year Intangible					
24	25	29	30	<u>J</u>			Personal Pr			Yes	U	No
	9. Name and Address of Curr	ent Registered Age	ent				10. Name and	Address of New	Registered	Agent		
COM	AN ID DAVID E			81	1	Name						]
COWAN JR, DAVID F					2	Street Addres	ss (P.O. Box Nun	ber is Not Accept	able)			
1501 BELMONT DR								• 				
ORLANDO FL 32806					3							
					4	City				85 Z	ip Cod	
				10-	7	City			FL		.p •••	
office or re agent. I ar	to the provisions of Sections 607.0 sqistered agent, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such d	change was auth	ionzed by	y tr	named corpor ne corporation	ration submits this i's board of direct	s statement for the ors. I hereby acce	purpose of pt the appoin	changing ntment as	its reg regist	jistered tered
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.	(NOTE: Re	egistered Age	ent :	signature required v	when reinstating)		DATE			
12.	OFFICERS A	AND DIRECTORS		13.			ADDITIONS/	CHANGES TO OF	FICERS AN			
TITLE	VP\$	☐ DELETE 1.1								☐ Chanç	ge .	Addition
NAME	JOHANNES, DALE	NNES, DALE										
STREET ADDRESS	1501 BELMONT DR	501 BELMONT DR 135			ETA	ADDRESS						ĺ
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-	ST-	ZIP						
TITLE	P	☐ DELETE 2		2.1 TITLE	2.1 TITLE					Chang	ge	☐ Addition
NAME	JONES, CRAIG P.	NES, CRAIG P.		2.2 NAME	2.2 NAME							Ì
STREET ADDRESS	1501 BELMONT DR			2.3 STRE	2.3 STREET ADDRESS							
CITY-ST-ZIP	ON ANDO FI			2 4 CITY-	2. 4 CITY-ST-ZIP							- 1
TITLE					3.1 TITLE					☐ Chang	ge	☐ Addition
NAME	T Cowan Jr, David F			3.2 NAME								-
STREET ADDRESS	1501 BELMONT DR			3.3 STREE		ADDRESS						
CITY-ST-ZIP	ODLANDO EL			3.4 CITY								
TITLE				4.1 TITLE				_		Chan	ge	Addition
NAME				4. 2 NAME								
1						ADDRESS						
STREET ADDRESS												
CITY-ST-ZIP		ı	DELETE	4.4 CITY-	_	ZIP				☐ Chan	ge	Addition

6.4 CITY-ST-ZIP 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)(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 given like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

Addition

Change