PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P05268

Corporation Name

DERCO INDUSTRIES, INC.

	NDUSTRIES, MO.						
Principal Place	of Business	Mailing Address			T IMMER MAN ALL MAN ME MAN MEN MINNE AND A MAN	141 4 1911 9 1911 9 1941 91	p++ W+017 4881
8000 W TOWER		8000 W TOWER AVE					
P O BOX 25549	1	P O BOX 25549			DO NOT WRITE IN T	HIS SPACE	
MR.WAUKEE WI	53225	MILWAUKEE WI 53225			3. Date incorporated or Qualifed		
					03/11/1985		1
		2a. Mailing Address			4. FEI Number	Ap	plied For
2. Principal Place of Business					39-1344641	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt, #, etc.				\$8.75	
— , ·		27			5. Certificate of Status Desired	Fee Re	quired
City & State	•	City & State			B. Election Campaign Financing	\$5.00	May Be
23	=-	28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip			8. This corporation owes the current year intangible		
24	[25]	29	30		Personal Property Tax.		□No
[24]	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	ed Agent	
				81 Name			
	WOND, EDWARD			82 Street	Address (P.O. Box Number is Not Acceptable)		
	W. TRADEWINDS AVENUE			0			
LAUI	DERDALE-BY-THE-SEA FL 33308			83			1
				84 City		85 Zip (Code
[•			1 -7		₹L `	ļ
11. Pursuant office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Stat	tutes.	corporation submits this statement for the purposoration's board of directors. I hereby accept the a		
	Signature, typed or printed name of registered age:		E: Repistered	Agent signature	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.		DELETE	1.1 77	m e	CHAIRMAN	∑ Change	Addition
TITLE	P CHAIRMAN				0.7.70.00		
NAME			4 2 1/2	ALLE	{		} ;
1 1	DERMOND, ERIC		12 N				
SYREET ADDRESS	1625 LEGION DR.		1.3 87	TREET ADORESS			
CITY-ST-ZIP	1625 LEGION DR. ELM GROVE WI	□ DELETE	1.3 ST 1.4 C	TREET ADORESS TTY-ST-ZIP	DRESIDENT	<u></u> Æ Change	RS IN 12 Addition
CITY-ST-ZIP TITLE	1625 LEGION DR. ELM GROVE WI V PRESIDENT	☐ DELETE	1.3 S ² 1.4 C ² 2.1 Π	TREET ADORESS TTY-ST-ZIP TILE	PRESIDENT	<u>Æ</u> Change	Addition
CITY-ST-ZIP TITLE NAME	1625 LEGION DR. ELM GROVE WI V PRESIDENT DERMOND, JEAN-MAX	☐ DELETE	1.3 ST 1.4 C 2.1 TI 2.2 N	TREET ADORESS TTY-ST-ZIP TILE	PRESIDENT	<u></u> Æ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1625 LEGION DR. ELM GROVE WI V PRESIDENT DERMOND, JEAN-MAX 2909 E NEWBERRY	☐ DELETE	1.3 ST 1.4 C 2.1 TI 2.2 N 2.3 ST	TREET ADORESS ITY-ST-ZIP ITLE AME TREET ADORESS			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1625 LEGION DR. ELM GROVE WI V PRESIDENT DERMOND, JEAN-MAX 2909 E NEWBERRY MILWAUKEE WI		1.3 ST 1.4 C 2.1 TI 2.2 N 2.3 ST	TREET ADORESS ITY-ST-ZIP ITLE AME TREET ADORESS CITY-ST-ZIP	PRESIDENT EXECUTIVE WILE PRESIDEN		Addition Addition
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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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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 of Block 12 if some content of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

May 06, 1999 8:00 am Secretary of State

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