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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200000116 (3)

Country

DEAUVILLE LANE, INC.

Principal Place of Business 17842 DEAUVILLE LANE BOCA RATON FL 33496

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

23

Mailing Address

17842 DEAUVILLE LANE BOCA RATON FL 33496

2a. Mailing Address

City & State

Zip

Suite. Apt #, etc.

26

28

29

FILED May 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

10/27/1992

65-0498547

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | |
|--|----------------------|-------------------|---|----|----------|--------------|--|
| STE 104-A | | | Name | | | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 83 | | | | |
| | | | _ | | | | |
| 1 | | 84 | City | | 85 Zi | p Code | |
| | | _ i | | FL | | | |
| 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 | | | | | | | |
| Stgrande typed or project care at registered epoil and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | |
| 12. | | .1 TITLE | | | Change | | |
| NAME | PELOMANI ALANIA | 1.2 NAME | | | | : <u> </u> | |
| STREET ADDRESS | 17842 DEAUVILLE LANE | | ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 1.4 CITY-ST-ZIP | | | | [] | |
| TITLE | DELETE 2 | 1 TITLE | | | Change | Addition (| |
| NAME | 2 | 2.2 NAME | | | | ì | |
| STREET ADDRESS | 2. | 3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | 4 CITY-5 | ST-ZIP | 1 | | | |
| TITLE | DELETE 3. | 1 TITLE | | | Change | e | |
| NAME | 3 | 3 2 NAME | | 1 | | [| |
| STREET ADDRESS | 3 | 33 STREET ADDRESS | | | | ļ | |
| CITY - ST - ZIP | | 3.4 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE 4. | 4.1 TITLE | | Ţ | _] Chang | e 🔲 Addition | |
| NAME | 4. | 4. 2 NAME | | | | | |
| STREET ADDRESS | <u> </u> | 3 STREET | ADDRESS | } | | j | |
| CITY-ST-ZIP | | 4 CITY - S | T-ZIP | | | | |
| TITLE | DELETE 5. | .1 TITLE | | ļ | Chang | e 🔲 Addition | |
| HAME | 5. | 2 NAME | | | | | |
| STREET ADDRESS | . 5. | 3 STREET | ADDRESS | } | | | |
| CITY - ST - ZIP | | 4 CITY - S | T-ZIP | | | | |
| TITLE | DELETE 6. | .1 TITLE | | ļ | Chang | e 🔲 Addition | |
| NAME | 6. | 6.2 NAME | | | | | |
| STREET ADDRESS | | 6.3 STREET ADD | | | | j | |
| CITY-ST-ZIP | | 6.4 CITY - ST-Z | | | | | |
| 14. I hereby certify that the information supplied the this filling does not dialify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied information is the 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 of the receiver or trusted expears in | | | | | | | |

Country