Apr 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024873

1. Corporation Name

DELAVAN, INC.

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Principal Place	e of Business	Mailing Address			1 (88)(88) (10 1010 1111 1011	ir 2011) 60-11 66		
SPORTS PAGE PUB		SPORTS PAGE PUB		.				
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LARGO FL 34643 · LA			LARGO FL 34643		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Quali	iea		
					04/05/1993		llann	lied For
2. Principal Pi	lace of Business	2a. Mailing Address			4, FEI Number		H ***	
21		26	·		<u>59-3177438</u>		\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	*		5, Certifcate of Status Desire	d 🗆	Fee Rec	
22		27						
City & Stat	6	City & State			6, Election Campaign Finance	_{lug} □	\$5.00 h Added to	
23		28	Counto		Trust Fund Contribution			7 7 6 6 3
Zip	Country	Zip	Country		8. This corporation owes the	current year	☐ Yes !	Mo No
24	25		10		Personal Property Tax. 10. Name and Address of N	w Register		
	9. Name and Address of Curre	nt Registered Agent	81	Name			ou Ageix	
RAAN	ICUSO, MARILEE		"		Marilee Marc			
	27 US 19 #146-D		82	Street Add	dress (P.O. Box Number is Not Acc		4/2/1	Į
	ARWATER FL 34625		 83		750 Vimerton	<u> </u>	71311	
SE	ANVAILN IL 04020		, - 83		and the second of the second	<u> </u>	ندگین ت	
	14		84	City	1		85 Zip C	ode
	<i>f</i>			<u> </u>	Largo		L 33	7-11
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was aut	inorized by	r the corpora	tion's board of directors. I hereby a	ccept the ap	pointment as reg	istered
	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes	S:-				
agent. I a	J '	ations of, Section 607.0505, Florid	da Statutes	5: -	ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, Florid	da Statutes	5: -		DATE		
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: R	a Statutes	5: -	ired when reinstating)	DATE		
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, Floric ant and title if applicable. (NOTE: R ND DIRECTORS	Registered Age	5: -	ired when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT DPST MANCUSO, MARILEE	ations of, Section 607.0505, Floric ant and title if applicable. (NOTE: R ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	5: -	ired when reinstating)	DATE	AND DIRECTO	RS IN 12
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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 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 other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS.

MADULE MANUSCRIPT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

415/99

(727)538-2430 Daytime Phone #