

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 24 AM 9:49

DOCUMENT # P93000049860 (8)

1. Corporation Name

DERA, INC.

Principal Place of Business

**701 EAST GULF BLVD.
INDIAN ROCKS BEACH FL 34634**

Mailing Address

**701 EAST GULF BLVD.
INDIAN ROCKS BEACH FL 34634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
APPLIED FOR

☒ 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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **309 HARBOR DRIVE**

Suite, Apt. #, etc.

22 **-**

City & State

23 **BELLEAIR BEACH, FLA.**

Zip

24 **34634**

Country

25 **U.S.A.**

2a. Mailing Address

26 **309 HARBOR DRIVE**

Suite, Apt. #, etc.

27 **-**

City & State

28 **BELLEAIR BEACH, FLA.**

Zip

29 **34634**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**FOX, GREGORY A
2380 DREW ST.
SUITE 3
CLEARWATER FL 32301**

10. Name and Address of New Registered Agent

81 Name **FOX, GREGORY A.**
82 Street Address (P.O. Box Number is Not Acceptable)
28050 U.S. 19N.
83 **SUITE 100**
84 City **CLEARWATER** FL 85 Zip Code **34621**

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 Agent is printed name of registered agent and must be signed by)

(Signature Agent is printed name of registered agent and must be signed by)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADLER, LASZLO
STREET ADDRESS	701 E. GULF BLVD.
CITY, ST, ZIP	INDIAN ROCKS BEACH FL 34635
TITLE	D
NAME	GOMORY, GEORGE
STREET ADDRESS	701 E. GULF BLVD.
CITY, ST, ZIP	INDIAN ROCKS BEACH FL 34635
TITLE	D
NAME	KORDA, EDITH
STREET ADDRESS	701 E. GULF BLVD.
CITY, ST, ZIP	INDIAN ROCKS BEACH FL 34635
TITLE	D
NAME	BALOG, JANOS
STREET ADDRESS	701 E. GULF BLVD.
CITY, ST, ZIP	INDIAN ROCKS BEACH FL 34635
TITLE	D
NAME	BAZOKI, GEORGE
STREET ADDRESS	701 E. GULF BLVD.
CITY, ST, ZIP	INDIAN ROCKS BEACH FL 34635
TITLE	D
NAME	SHAVITT, VERONICA
STREET ADDRESS	701 E. GULF BLVD.
CITY, ST, ZIP	INDIAN ROCKS BEACH FL 34635

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☒ Change ☐ Addition
2. NAME	ADLER, LASZLO	
3. STREET ADDRESS	309 HARBOR DRIVE	
4. CITY, ST, ZIP	BELLEAIR BEACH, FL 34634	
5. TITLE	D	☒ Change ☐ Addition
6. NAME	GOMORY, GEORGE	
7. STREET ADDRESS	309 HARBOR DRIVE	
8. CITY, ST, ZIP	BELLEAIR BEACH, FL. 34634	
9. TITLE	D	☒ Change ☐ Addition
10. NAME	KORDA, EDITH	
11. STREET ADDRESS	309 HARBOR DRIVE	
12. CITY, ST, ZIP	BELLEAIR BEACH, FL. 34634	
13. TITLE	D	☒ Change ☐ Addition
14. NAME	BALOG, JANOS	
15. STREET ADDRESS	309 HARBOR DRIVE	
16. CITY, ST, ZIP	BELLEAIR BEACH, FL. 34634	
17. TITLE	D	☒ Change ☐ Addition
18. NAME	BAZOKI, GEORGE	
19. STREET ADDRESS	309 HARBOR DRIVE	
20. CITY, ST, ZIP	BELLEAIR BEACH, FL. 34634	
21. TITLE	D	☒ Change ☐ Addition
22. NAME	SHAVITT, VERONICA	
23. STREET ADDRESS	309 HARBOR DRIVE	
24. CITY, ST, ZIP	BELLEAIR BEACH, FL.	

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 110.07(2)(b), 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR DIRECTOR

STEVE SEASZ

7/17/95

865-0198

DERA, INC.

PA3-49860

#13, CONT

V

SZASZ, STEVE

309 HARBOR DRIVE

BELLEAIR BEACH, FL 33634