

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000049860 (8)

1. Corporation Name

DERA, INC.



Principal Place of Business

309 HARBOR DR
BELLEAIR BEACH FL 34634
US

Mailing Address

309 HARBOR DR
BELLEAIR BEACH FL 34634
US

3. Date Incorporated or Qualified
07/15/1993

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0484500

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, GREGORY A
28050 US HW 19 N
STE 100
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ADLER, LASZLO
STREET ADDRESS 309 HARBOR DTR
CITY-ST-ZIP BELLEAIR FL

TITLE D ☐ DELETE

NAME GOMORY, GEORGE
STREET ADDRESS 309 HARBOR DR
CITY-ST-ZIP BELLEAIR BEACH FL

TITLE D ☐ DELETE

NAME KORDA, EDITH
STREET ADDRESS 309 HARBOR DR
CITY-ST-ZIP BELLEAIR BEACH FL

TITLE D ☐ DELETE

NAME BALOG, JANOS
STREET ADDRESS 309 HARBOR DR
CITY-ST-ZIP BELLEAIR BEACH FL

TITLE D ☐ DELETE

NAME BAZOKI, GEORGE
STREET ADDRESS 309 HARBOR DR
CITY-ST-ZIP BELLEAIR BEACH FL

TITLE D ☐ DELETE

NAME SHAVITT, VERONICA
STREET ADDRESS 309 HARBOR DR
CITY-ST-ZIP BELLEAIR BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. ☐ Change ☒ Addition

12 NAME SZASZ, STEVE
13 STREET ADDRESS 309 HARBOR DR.
14 CITY-ST-ZIP BELLEAIR BEACH, FL.

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***200.00

5-1-96
JW

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 119.07(3)(k), 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.

SIGNATURE:

STEVE SZASZ V.PRES

4.22.96

(813) 865-0198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)