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

PROFIT CORPORATION ANNUAL REPORT

1997

309 HARBOR DR

BELLEAR BEACH FL

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049860 (8)

DERA, INC.

Principal Place of Business Mailing Address					4 indigent tich inied tiere barei datiti natiti nitel ibilit tatit ditt for i 1001		
309 HARBOR DR BELLEAIRT BEACH FL 34634 US 309 HARBOR DR BELLEAIR BEACH FL US							
			86-3249				
03		00			3. Date Incorporated or Qualifie	d 3a. Date of Last Report	
					07/15/1993	05/01/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26		65-0484500	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & Stat	to	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	· · · · · · · · · · · · · · · · · · ·	28	5		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	у		or intangible tax under s. 199.032,	
24	25 9. Name and Address of Curr	29	30		Florida Statutes	Yes No	
FOV		10. Name and Address of New	degistered Agent				
FOX, GREGORY A				Name			
28050 US HW 19 N			82	Street Add	ress (P.O. Box Number is Not Accep	able)	
STE 100 CLEARWATER FL 34621							
CLEARWATER PL 34021			83				
			84	City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida State	ites the abou	o named con	poration cultimite this statement for the	FL B3 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 printy) inglie of registered a	agont and title II applicable (NO	TF: Registered An	ient signature regui	red when reinstating)	7(10/9>	
12.		ND DIRECTORS	13.			FICERS AND DIRECTORS IN 12	
TITLE	D P	DELETE	1.1 TITLE	V		☐ Change	
NAME	ADLER, LASZLO		1.2 NAME		ユメらて ダ7EVE		
STREET ADDRESS			1.3 STREE	1 ADDRESS 3	OPHARBOR DR.		
CITY-ST-ZIP	BELLEAIR SEACH TL		14 CITY-	ST-ZIP 18	elleair Brach t	L	
TITLE	DYP	☐ DELETE	211111			☐ Change ☐ Addition	
NAME	GOMORY, GEORGE		2 2 NAME				
STREET ADDRESS			2.3 STHEF	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change Addition	
NAME	KORDA, EDITH		3.2 NAME				
STREET ADDRESS	309 HARBOR DR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	BELLEAIR BEACH FL		3.4. CITY -	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	BALOG, JANOS		4. 2 NAME				
STREET ADDRESS	309 HARBOR DR		4.3 STREF	T ADDRESS		<u>}</u>	
CITY-ST-ZIP	BELLEAIR BEACH FL	······································	4 4 CITY-	ST - ZIP			
TITLE	D D	☐ DELETE	51 TITLE			Change	
NAME	BAZOKI, GEORGE		5.2 NAME				
STREET ADDRESS	309 HARBOR DR		5.9 STREE	ADDRESS			
CITY-ST-ZIP	BELLEAIR BEACH FL		5.4 CITY-	ST-ZIP			
TITLE	D D	☐ DELETE	6.1 TITLE			Change Addition	
NAME	SHAVITT, VERONICA		6.2 NAME				

6.4 CITY - ST- ZIP 14. I do 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 charityph. I am an address.

6.3 STREET ADDRESS

FILED

Jul 21 1997 8:00am

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Secretary of State