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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300081357

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90082 025 \*\*\*150.00

121	YNN: DES	JARLAIS, P.A.	Ma 807	ailing Address 75 SOUTH BENEVA RASOTA FL 34238			DO NOT W	RITE IN THIS	1 · •		1
00		1					11/24/1993	<b>5u</b>			
2. Principal Place of Business			2a.	Mailing Address			4. FEI Number		Ap	plied For	1
21	,		26				65-0451806		No	t Applicable	] "
Suite, Apt.	#, etc.			Suite, Apt. #, etc			5. Certifcate of Status Desired		\$8.75 A		
22			27				5. Control of Charles		Fee Re	equired	
City & Stat	te		28	City & State			Election Campaign Financia     Trust Fund Contribution	ng 🗆	\$5.00 Added t	•	
Zip	,	Country		Zip	Co	ountry	8. This corporation owes the o	urrent year int		_	
24		25	29		30		Personal Property Tax.		□Yes	□No	-
•	9. Name	and Address of Curre				81 Name	10. Name and Address of Ne	w Registered	Agent		┨
DES	LIARI AIS A	ARY LYNN	18/25	3		81 Name		•			
1/1/18079	5 SOUTH F	ENEVA RD.				82 Street A	ddress (P.O. Box Number is Not Acce	ptable)	•		]
	ASOTA FL					83		لواضية معروبي. 190 - 199 - 196	1.6 2.22 6.5	Y - 1 Walland	┨
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						84 City		FI	85 Zip (	Code	
11. Pursuant	to the provis	ions of Sections 607.050	02 and 6	07.1508, Florida S	Statutes, the	above-named o	corporation submits this statement for t	he purpose of	changing its	registered	
office or r	registered ag ımlfamiliar w	ent, or both, in the State th, and accept the obliga	of Floridations of,	la.' Such change v , Section 607.0505	vas authoriz 5, Florida Sta	ed by the corpoi atutes.	corporation submits this statement for tration's board of directors. I hereby ac	cept the appoi	intment as re	gistered	İ
											ı
SIGNATURE							·				
SIGNATURE	Signature, typed	or printed name of registered age		if applicable.	(NOTE: Register	ed Agent signature red	quired when reinstating)	DATE			(80
12.	Signature, typed	or printed name of registered age OFFICERS AN		ff applicable.	(NOTE: Register	ed Agent signature red	quired when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12	11/08)
12. TITLE	Signature, typed	OFFICERS AN		if applicable.	(NOTE: Register	ed Agent signature red 3. TITLE	quired when reinstating)	DATE			(4 (11/08)
12. TITLE NAME	DPTS DESJARL	OFFICERS AN AIS, MARY LYNN		ff applicable.	(NOTE: Register 13 TE 1.1 1.2	ed Agent signature red 3. TITLE NAME	quired when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12	E034 (11708)
12. TITLE NAME STREET ADDRESS	DPTS DESJARL 8075 SO	OFFICERS AN AIS, MARY LYNN UTH BENEVA RD		ff applicable.	(NOTE: Register 13 FE 1.1 1.2	ed Agent signature red  TITLE  NAME  STREET ADDRESS	quired when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12	D2E034 (11/08)
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14. I hereby certify that the information supplied with this filling 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 influence 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 appeliver of 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.

SIGNATURE: