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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

## DOCUMENT # P94000074401

1. Corporation Name

R. DELAPLAINE P.A.

						IN MENN BANK IS	ikit äidit miati	MAINT LEBY LEBY
Principal Place of Business Mailing Address								
927 UNICORN	RD	PO BOX 398537						
		MIAMI BEACH FL 33239	33239		DO NOT WRI	TE IN THIS	SPACE	
MIAMI BEACH FL 33139 US US		03			3. Date Incorporated or Qualifed	-		
					10/04/1994			
2 Principal P	lace of Business	2a. Mailing Address		- <del></del>	4. FEI Number		I A	oplied For
927 LINCOLN ROAD 26					65-0526835		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22 108				5. Certificate of Status Desired		Fee R	equired	
City & State City & State					6. Election Campaign Financing \$5.00 Mar			May Be
23 MIAMIBEACH - LZ 28					Trust Fund Contribution	Added to Fees		
Zip Country Zip		Zip	Country		8. This corporation owes the current year Intangible			
Zip Country 25 Country		29 30			Personal Property Tax. Yes Mo			
	9. Name and Address of Curren	t Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New F	Registered /	Agent	
			81	Name				
DELAPLAINE, R 6641 BREVITY LANE			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
			1					
MIAI	MI BEACH FL 33141		83					
			84	City			85 Zip	Code
			0**	City	FL 85 Zip Code			
SIGNATURE	Signature, typed or printed name of registered ager			nt signature require	ed when reinstating)	DATE	DIDEOT	200 0140
12.		D DIRECTORS	13.	<del>- 1 -</del>	ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	P PER ADIANIE DENE	☐ DELETE	1.1 TITLE	1			one igo	
NAME	DELAPLAINE, RENEE		1.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP				Change	☐ Addition
TITLE	DELABITATION AND CORNE	□ pere⊥e	2.1 TITLE					
NAME	DELAPLAINE, SOPHIE		2.2 NAME	* ********				
STREET ADDRESS			1	T ADDRESS	·			
CITY-ST-ZIP	BAY HARBOUR FL 33154	☐ DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP			☐ Change	Addition
TITLE			3.2 NAME		•			_
NAME				T ADDRESS			•	
STREET ADDRESS		*	3.4. CITY-5	<del></del>				-
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4,1 TITLE	71-71L		" - " ·	Change	Addition
NAME		<u> </u>	4. 2 NAME				•	
STREET ADDRESS				T ADDRESS				
	'		4.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-435			☐ Change	Addition
NAME		<u> </u>	5.2 NAME					_
			5.3 STREE	TADDRESS				
STREET ADDRESS	<b>`</b> [		5.4 CITY-S	i				

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 a language and 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 a language and 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 a language and 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE REQUIRED NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/28/99 305-868-4464

[iii] Change

Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90241 049 \*\*\*150.00

:R2E034 (11/98)