

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 # P95000024553 (6)

1. Corporation Name

DEMAR ASSOCIATES, INC.



Principal Place of Business

210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071

Mailing Address

210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9766 W. SAMPLE RD

26 9766 W. SAMPLE RD

4. FEI Number

65-0567509

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILAVAC, DENNIS
210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071

81 Name

MILAVAC, DENNIS

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

9766 W. SAMPLE RD.

83

84

CORAL SPRINGS

FL

85 Zip Code

33065

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 reinstating)

4/22/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MILAVAC, DENNIS
STREET ADDRESS 210 N. UNIVERSITY DR. SUITE 502
CITY - ST - ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

D
NAME STOVER, MARGARET
STREET ADDRESS 210 N. UNIVERSITY DR. SUITE 502
CITY - ST - ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
NAME MILAVAC, DENNIS
STREET ADDRESS 9766 W. SAMPLE RD.
CITY - ST - ZIP CORAL SPRINGS FL 33065

2.1 TITLE ☒ Change ☐ Addition

D
NAME STOVER, MARGARET
STREET ADDRESS 9766 W. SAMPLE RD.
CITY - ST - ZIP CORAL SPRINGS FL 33065

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

954 753 8230
Daytime Phone #

CR2E034 (12/95)