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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthar Secretary of State

DIVISION OF CORPORATIONS

1996

## P95000051008 (7) **DOCUMENT** # Corporation Name

DELETIES DECIMOTIONS INC

**FILED** May 29, 1996 08:00 AM **Secretary of State** 



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Principal Place of	f Business	Mailing Arldress				I INDITED IN IDIO DIN STREET	i Militi Mara	i Makina arina dinara	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
· ·	RYSIDE BOULEVARD #8	3460 COUNT CLEARWATER	RYSIDE BOULEVAR	D#	8				
CLEARWATER		VEENIMATE	12 9/92			3. Date incorporated or Qualified 06/28/1995	3a. Da	ate of Last Rep	xort
2. Principal Plac	e of Business	2a. Mailing Addin	<del></del> එරිරි		,	4. FEI Number 59-3318 70°	\ \		pplied For ot Applicable
Suite, Apt #,	etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional equired
City 8 State		City & State				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5.00 May Be Added to Fees			
Ζφ	Country	7 (¢)	30	intry		8. This corporation has liability for	intangible		
24	25 Solution 25 Sol	and the second s		Ι		10. Name and Address of New F	egistere	d Agent	
	5. Hallie direction of the second	T.L.: *** *		81	Nanre				
DELELLIS, CHRISTINE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	ountryside Boulevard # /Ater fl 34621	8		83			·		
				84	City			<b>85</b> Zip	Code
				<u> </u>		pration submits this statement for the pu	F		
12.		AND DIRECTORS	13.	11 As 21	- Stor C 6 Federa	etwie terstalig ADDITIONS/CHANGES TO OF	ICERS A		RS IN 12
TITLE NAME	d Delellis, Christine			IAME					_
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Crty-St-7iP	1		6.4	CITY -	· S* - 7m*			ل	1

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or or injector of the corporation or the receiver or trusted 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 altractiment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR