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 # P95000060615

DESPOSIERS BROTHERS ENTERPRISES, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90138 012 ***150.00

DEOMOG							
Principal Place of Business Mailing Address							
2446 19TH ST 2446 19TH ST							
SARASOTA FL 34234 SARASOTA FL 34234							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							08/07/1995
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
							65-0650165 Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional
22 27							Certificate of Status Desired Fee Required
City & State City & State							6. Election Campaign Financing \$5.00 May Be
23 28							Trust Fund Contribution Added to Fees
Zip				ntry		·	This corporation owes the current year Intangible
24	25 29 30						Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Registered Agent
5.10	neu Jeerney A			81	Nan	e	
RUSSELL, JEFFREY S			82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)	
2446 19TH ST]]			
SAH	ASOTA FL 34234			83			
				84	City		85 Zip Code
				,	· 1		[-L]
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508, Florida Statut	es, the at	pove	e-nam	ed corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
office or re agent. I ai	egistered agent, or both, in the State m familiar with, and accept the obligi	ations of, Section 607.0505, Flo	rida Statu	ites	uie co	poratio	in a special of disectors. Thereby assept the appearance and a segment of the sectors of the sec
SIGNATURE							
- OIGHATORE	Signature, typed or printed name of registered age			Agen	nt signati	te tednitec	t when re-instating) DATE DATE
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	- 4	1 1 TITLE			
NAME	DESROSEIRS, LEO		12 NA			_	
STREET ADDRESS	1224 SHEEHAN BLVD.		Q .		TADDRE	SS	
CITY-ST-ZIP	PORT CHARLOTTE FL	☐ DELETE	1 4 CIT		T-ZIP		☐ Change ☐ Addition
TITLE	P PEOPONIERO ATENEN O		i i	21 TITLE			
NAME	DESROSIERS, STEVEN C		2 2 NA				
STREET ADDRESS	5524 SAILFISH CT.				T ADDRE	SS	
CITY-ST-ZIP	PUNTA GORDA FL	□ DELETE		3 4 CITY S1-ZIP			Change Addition
TITLE	VP	□ DECE 16	11	3 TITLE			g
NAME	DESROSIERS, NORMAN C					00	
STREET ADDRESS	4315 HOMEWOOD ST.		- 11	33 STREET 34 CITY-S		30	
CITY-ST-2IP	CHARLOTTE HARBOR FL	☐ DELETE	3 4 CI		91-ZIP		☐ Change ☐ Addition
TITLE		C DEFECT	4 2 N			-	
NAME			H		T 4000E		
STREE! ADDRESS			F		I ADDRE		
CITY-ST-ZIP		☐ DELETE	44 CITY-S 51 TITLE		1-ZIP	+-	☐ Change ☐ Addition
TITLE		m pc5411	52 NAME				
NAME STREET ADDRESS			Ni i		T ADORE	SS	
STREET ADDRESS			5 4 CI				
TITLE		☐ DELETE	61717			+	☐ Change ☐ Addition
NAME			62 NA				
1			i i		TADORE	SS .	
STREET ADDRESS			6 4 CI				
CITY-ST-ZIP							

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 | 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, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 0 8 1999 941-954-1229