

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000061219**

DETOMA PROPERTY MANAGEMENT, INC.

Principal Place of Business Mailing Address
2111 LYNX PLACE 2111 LYNX PLACE
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

FILED

99 SEP 16 PM 3: NE



ESTATION RELIEF SOFT		COMMENTORICE	72 004.0		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
					08/07/1995				
2	. Principal Place of Business	2a. Mailing Ad	dress		4. FEI Number		Applied For		
21		26			65-0619562		Not Applicable		
22	Suite. Apt # etc.	Suite, Apt.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
23	City & State	City & Stat	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
	Zip Country	Country	У	8. This corporation owes the current year to	ntangible				
24	25	29	30		Personal Property Tax.	☐ Yes	□No		
	9. Name and Address of Co	urrent Registered Agen	t	10. Name and Address of New Registered Agent					
DETOMA, JOHN R 2111 LYNX PLACE LOXAHATCHEE FL 33470				ľ	Name				
				?	Street Address (P.O. Box Number is Not Acceptable)				
				83					
			84	1	City FI		ip Code		

11. Fursuant 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.

1	Superdure, typed or printed name of registered agent and to		Registered Agent signature re	equired when reinstating) DA	TE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
tir.: 🌡	PS .	☐ DELETE	1.1 TITLE	DPS	X Change	Addition	
NAME	DETOMA, JOHN R		1.2 NAME	DETOMA, JOHN R.			
STREET ACCIDENS	2111 LYNX PLACE		1.3 STREET ADDRESS	2111 LYNX PLACE			
C(T+-S1-7e)	LOXAHATCHEE FL		1.4 CiTY-ST-ZiP	LOXAHATCHEE, FL 3347	0		
*I', F		[] DELETE	2 1 TITLE		☐ Change	☐ Addition	
NAME:			2.2 NAME				
SPREET ADDRESS			23 STREET ADDRESS				
Cifr 51 Zif			2 4 CITY-ST-ZIP				
141.8		☐ DELETE	3.1 TITLE	30000299	and Action	☐ Addition	
NAME			32 NAME	-09/24/99)01088	.014 C	
STREET ADORESS			33 STREET ADDRESS	####CCU	01 ****5	20 00	
City-81-ZW			3.4. CITY-\$T-ZIP	***************************************	UU ****J	30.00	
THILE		DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME				
STREE LADDER SS			4.3 STREET ADDRESS				
Crimisti Ziri			4.4 CITY-ST-ZIP				
TI"LF		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAMI			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
(11v-\$1-ZF			5.4 CITY-ST-ZIP	, r TQ			
" ILF	MIN 11.1 M NO MAIL 11	DELETE	6.1 TITLE	1 10	☐ Change	☐ Addition	
NAM!			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
O11 - ST - Ziii			6.4 CITY-ST-ZIP				

14. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President

9/13/99

Date

561-795-5327

Daylime Phone #

CR2E034 (11/98)