## 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 # P96000057987

1. Corporation Name

**DEOI CORPORATION** 

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90271 005 \*\*\*150.00



Principal Place of Business Malling Address						'i	10111 1001 1001
16119 OPAL CREEK DR. FT. LAUDERDALE FL 33331		16119 OPAL CREEK DR. FT. LAUDERDALE FL 33331					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 07/10/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21 16/19	OPAL CREEK DR.	26 4315 NW 78	y 5	7.	65-0678429	No	t Applicable
Suite, Apt.	#, etc.	Suite, Ant. #, etc.	_	e- ·	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	a FL.	City & State			6. Election Campaign Financing \$5.00 May Be		
23 FT. L	20 17177	LORION		Trust Fund Contribution	Added t	o Fees	
Zip Country Zip			Country	_	8. This corporation owes the current year In		
24 333		29 33/25 30	U & 6	7	Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Current	Registered Agent	81 N		10. Name and Address of New Registered	Agent	
GENO, MANUEL J				ame	April 18 Comment	1. 1.	·}
16119 OPAL CREEK DR. FT. LAUDERDALE FL 33331				treet Addre	ss (P.O. Box Number is Not Acceptable)		
FI. L	AUDERDALE FL 33331	-	83		-		
			84 C	ity		85 Zip (	Code
	` .			•	F:	L	
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 a			nature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	DC IN 12
12.	OFFICERS AND		1 <b>3.</b> 1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	GENO, MANUEL J		2 NAME		٠.		
NAME	16119 OPAL CREEK DR.	L. T	.3 STREET ADO	NDESC.	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS	FT. LAUDERDALE FL 33331				•		
CITY-ST-ZIP TITLE	VD		4 CITY-ST-ZIP .1 TITLE		<del></del>	☐ Change	Addition
	FIGALLO, CARLO A	_	2 NAME				_ }
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CITY-ST-ZIP TITLE	GOTTITUDE, LOOTED 11		.1 TITLE			Change	☐ Addition
NAME	* 0		2 NAME				
STREET ADDRESS			.3 STREET ADD	RESS	•		
CITY-ST-ZIP		1	.4. CITY-ST-ZIF				
TITLE	-		.1 TITLE			Change	☐ Addition
NAME		4	2 NAME				
STREET ADDRESS		4	.3 STREET ADD	RESS			1
CITY-ST-ZIP		li di	.4 CITY-ST-ZIP				
TITLE			.1 TITLE			Change	Addition
NAME	,	5.	2 NAME				}
STREET ADDRESS		5.	.3 STREET ADD	RESS	•		
CITY-ST-ZIP		. 5.	.4 CITY-ST-ZIP				
TITLE		DELETE 6.	.1 TITLE			Change	Addition
NAME		6.	2 NAME				
STREET ADDRESS		,	3 STREET ADD	RESS			
CITY-ST-ZIP		6.	.4 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. I further certify that the information indicated on this annual report or supplemental annual report is Tive and occurate 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 recommendation of the corporation or the recommendation of the corporation of the corporation or the recommendation of the corporation of the corporatio

SIGNATURE:

CITY-ST-ZIP

REQUIRED GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR