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 # P97000019785

1. Corporation Name

DEDECRMANCE MADROVEMENT INC

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90044 024 ***150.00

	NAMAGE NAIL LIGATIAITAL NAG	,						
Principal Place	e of Business	Mailing Address				ili Butil Odili Udia		1818) VIII (89)
17893 127TH DRIVE NORTH 17893 127TH DRIVE NORTH JUPITER FL 33478-4668 JUPITER FL 33478-4668					DO NOT	WRITE IN THIS	C CDACE	
					3. Date incorporated or Qua		3 SFACE	
					03/03/1997	ileu !		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
	lace of business	26			65-0734184		<u> </u>	Applicable
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.		_	1	7	\$8.75 A	
22	,	27			5. Certificate of Status Desire	a 🗷	Fee Re	quired
City & State	e	City & State			6. Election Campaign Finance	ing	\$5.00	May Be
23	_	28			Trust Fund Contribution		Added to	Fees
Zip	Country	Žip	Country		8. This corporation owes the	current year In		
24	25		30]		Personal Property Tax.	1 - 4 - · · · ·		□No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent	81	Nama	10. Name and Address of N	ew Kegistered	Agent	
COR	DODATE ODEATIONS ENTERDRIS	SES INC	["	Name		•		
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
4521 PGA BOULEVARD SUITE 211			83			· · · · · · · · · · · · · · · · · · ·		
	M BEACH GARDENS FL 33418) 3					
170	in benefit whitelite it series		84	City		FL	85 Zip C	ode
	to the provisions of Sections 607.0502	and CO7 1500 Florida Ctatutan	the above	named cor	moration submits this statement for		f changing its	registered
office or f	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was auti	norized by	tne corbora	tion's board of directors. I hereby a	ccept the appo	intment as reg	jister e d
SIGNATURE	Signature, typed or printed name of registered agent	and the Kanalicable /NOTE: D	Pegistered Agen	t signatura requi	red when reinstating)	DATE		Ì
12,	OFFICERS AND		13.	, organization conqui	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD							110 111 12
NAME		□ DELETE	1.1 TITLE	١,٠	VTSD		Change	Addition
	· =	☐ DELETE	1.1 TITLE 1.2 NAME	1	YTSD		Change	
	FARINA, E. JOSEPH	☐ DELETE			YTSD		Change	
STREET ADDRESS	Farina, E. Joseph 17893 127Th Drive North	☐ DELETE	1.2 NAME	ADDRESS	YTSD		,	☐ Addition
	FARINA, E. JOSEPH	☐ DELETE	1.2 NAME 1.3 STREET	ADDRESS			Change	
STREET ADORESS	FARINA, E. JOSEPH 17893 127TH DRIVE NORTH JUPITER FL 33478-4668 VTSD		1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS			,	☐ Addition
STREET ADORESS CITY-ST-ZIP TITLE	Farina, E. Joseph 17893 127th Drive North Jupiter Fl 33478-4668		1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADDRESS			,	☐ Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME	FARINA, E. JOSEPH 17893 127TH DRIVE NORTH JUPITER FL 33478-4668 VTSD WYBLE, LEWIS M	DELETE	1.2 NAME 1.3 STREET 1.4 CITY- ST 2.1 TITLE 2.2 NAME	ADDRESS - ZIP ADDRESS			Change	☐ Addition
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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 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 of 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