## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000029454 (0)

DE MAYO, INC.

## **FILED** May 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		
7005 NW 818		7005 NW BIST PLACE		
NAMARAC FL	. 33321)	TAMARAC EL 3932T		DO NOT WRITE IN THIS SPACE
<b>/</b>		•		3. Date Incorporated or Qualified
				04/01/1997
2. Principal P	Place of Business	2a. Mailing Address	0 1 -	4 CCt Nigginson
2 5601 (	winston Park 13/4/N.	26/5601 Winst	on Par KB	val N 65-0744867 Not Applicable
Suite, Apt	#. gc 14 ~	Suile, Apl, #, etc.		SR 75 Additional
22 A	Pt. # 207	27 AD+ # 0	207	5. Certificate of Status Desired Fee Required
City & Stat	onet Creek FL	28 OCO NUT Cre	ek Flor	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip Country ( ) Call Zip Country ( ) ( 8. This corporation owes or has paid the current year Inlangible				
24 SSV 25 (1/1, TKV) > TWE9 SSO / 2 30 V/1, TEST Personal Property Tax due June 30. Yes SNO 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent				
De IV avo				
			Address (P.O. Box Number is Not Acceptable)	
TAMARAC 51 33321				601 Wins Ton Par 1 1816. 10.
				APF. # 207
			84 City	oconut Creek, FL 85 Zip Code 72
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 r	registered agent, or both, in the State of	Florida, Such charige was aut	harized by the cor	poration'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 puniod made of registered agent a	ned tille if applicable (NOTL: P	legistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	PD Change Addition
NAME	DE MAYO, MARK		1.2 NAME	Demayo, Mark
STREET ADDRESS	7005 NW 81ST-PLACE		1.3 STREET ADDRESS	5601 Winston Park Blud. North Apr#207
CITY-ST-ZIP	DAMARAC FL 33321		1.4 CITY - ST - ZIP	Demayo, Mark 5601 Winston Park Blud. North Apt #207 Cocond Creek, Florida 33073
TITLE	<b>,</b>	DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELFTE	2. 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME	ļ	LJ bellie	3.1 TITLE	Totalinge National
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZiP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		_ <del>-</del>	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELET <b>E</b>	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		<u></u>	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 suppliemental 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 attaching with an address.				