

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90105 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029454

1. Corporation Name
DE MAYO, INC.

Principal Place of Business
**5601 WINSTON PARK BLVD NORTH
#207
COCONUT CREEK FL 33073
US**

Mailing Address
**5601 WINSTON PARK BLVD NORTH
#207
COCONUT CREEK FL 33073
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1997

4. FEI Number
65-0744867

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 **5810 Crystal Shores Dr.**

2a. Mailing Address
26 **P.O. Box 970146**

Suite, Apt. #, etc.
22 **Apt. # 201**

Suite, Apt. #, etc.
27

City & State
23 **Boynton Bch., FL**

City & State
28 **Coconut Creek, FL**

Zip Country
24 **33437** 25 **U.S.A.**

Zip Country
29 **33097** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE MAYO, MARK
5601 WINSTON PARK BLVD NORTH
#207
COCONUT CREEK FL 33073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DE MAYO, MARK**
STREET ADDRESS **5601 WINSTON PARK BLVD NORTH #207**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DE MAYO, MARK**
1.3 STREET ADDRESS **5810 Crystal Shores Dr. #201**
1.4 CITY-ST-ZIP **Boynton Bch., FL 33437**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

Mark DeMayo

Date

Daytime Phone #

1-11-99 401-2617

CR2E034 (11/98)