

08101999-90016-044-\$550.00-\$550.00

399.

AMOUNT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000032534 1. Corporation Name DELRAY OCEAN ESTATES, INC.			
Principal Place of Business 1715 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483		Mailing Address P.O. BOX 1236 DELRAY BEACH FL 33447 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Name and Address of Current Registered Agent BALLERANO, JAMES A JR 1201 GEORGE BUSH BLVD. DELRAY BEACH FL 33483		10. Name and Address of New Registered Agent 81 Name MR. GERALD DIAMOND 82 Street Address (P.O. Box Number is Not Acceptable) 1715 SOUTH OCEAN BLVD. 83 84 City DELRAY BEACH FL 85 Zip Code 33483	
11. Pursuant to the provisions of sections 607.0602 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 607.0605, Florida Statutes.			
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when registering)			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	Change Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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.			
SIGNATURE: _____ DATE: 9/5/99 DAYTIME PHONE: _____			

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 15 PM 1:44



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1997	
4. FEI Number 85-0760710	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: ☐ Yes ☐ No	

CR2E034 (5/99)