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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 11 1998 8:00am Secretary of State

1998 P97000052032 (4) DOCUMENT # DONALD S. DEMARCO, P.A. Principal Place of Business Mailing Address 2175 S OCEAN BLVD. TH #9 2175 S OCEAN BLVD. TH #9 DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year lotangible Personal Property Tax due June 30. Yes 25 29 24 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DEMARCO, DONALD S 2175 S OCEAN BLVD, TH #9 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 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 Torida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the hyperplant of Specien 607.0505, Florida Statutes. SIGNATURE 12. 13. DELETE Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CHTY-ST-7P Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP DELFTE Change Addition TITLE 5.1 TiTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 primal attrictment with arrividation.

DONALD S. DEMBRO DONALD & DEMARCO

SIGNATURE: -