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 # P9700065546 (8)

J. DEMORANVILLE, INC.

FILED May 05 1998 8:00am Secretary of State



Display Display of Display	A Alexander		. <u> </u>	
Principal Place of Business	Mailing Address			
3883 CHAPEL STREET LAKE PARK FL 33403	3883 CHAPEL STREET LAKE PARK FL 33403			
DINE FAIR PE SONO	DAKE FARK PL 33403		DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified	7
			07/28/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-07211 89	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 25	29 3	10	Personal Property Tax due June 30.	Yes No
g, Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered	d Agent
BASS, DONALD L		81 Name		
7166 S.E. OSPREY STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HOBE SOUND FL 33455				
		63		
		84 City		85 Zip Code
			F	L
11. Pursuant to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.	more board or directors. Thereby accept the ap	pointiment as registered
SIGNATURE				
Signature, typed or printed name of registered age		Registereo Agerit signature requ	red when reinstating) DATE	
12. OF FICE RS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE U NAME DEMORANVILLE, JOSES	☐ DELETE	1.1 TITLE		Change Addition
AAAA ALIADEI ATDEET		1.2 NAME		
LAKE DADY EL 22402		1.3 STREET ADDRESS		
ONLY OF EN	DELETE	1.4 CITY-\$1-ZIP		
TITLE	☐ DELETÉ	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP	- Delete	2 4 City-St-ZiP		
TITLE	L_] DELETE	3 1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DCCESS	3.4. CITY-ST-ZIP		
TITLE	☐ DELET E	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	T or ere	4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	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		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 trusted 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