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

**PROFIT** CORPORATION ANNUAL REPORT

1999

J. DEMORANVILLE, INC.

1. Corporation Name



DOCUMENT # P97000065546

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90004 027 \*\*\*150.00

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Principal Place	of Business	Mailing Address					E(101 01)01 01(1	,, 6,6,6 6,4, 164,
3883 CHAPEL S LAKE PARK FL	CHAPEL STREET 3883 CHAPEL STREET							
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 07/28/1997		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	<del></del>	Applied For
21		26				65-0727789		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	*	Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country	Zip Co	ountry	,		8. This corporation owes the current year Int		
24	25	29 30				Personal Property Tax.	∐ Yes	□No
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		r		10. Name and Address of New Registered	Agent	
			81	Name	•			
	IORANVILLE, JOSES CHAPEL STREET		82	Street	Addre	ess (P.O. Box Number is Not Acceptable)		
LAKE	PARK FL 33403		83					
			84	City		FL	85 Zip	Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authorizations of, Section 607.0505, Florida St	ed by etutes	the com	ooration	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing it	egistered
	Signature, typed or printed name of registered age		<u>_</u>	nt signature	required	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AT	UD DIRECT	ODS IN 12
12.		ND DIRECTORS 1:			η	ADDITIONS/CHANGES TO OFFICERS AT	Change	
TITLE	D		TITLE	`	- K-	Moranville, Joses	A comment	
NAME	DEMORANVILLE, JOSES		NAME			MORANVI II e, CO		
STREET ADDRESS	3883 CHAPEL STREET	1.3	STREE	T ADDRESS	5			
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-S	T-ZIP	1.		Change	Addition
TITLE			TITLE		V	MORANVILLE, CONNIE	E Change	, <u> </u>
NAME			NAME		VE	PRICHAREL ST	- •	
STREET ADDRESS		2.3	STREE	T ADDRESS	300	objection of		
CITY-ST-ZIP			CITY-	ST-ZIP	LA	KE PARK, FL 33403	☐ Change	
TITLE	•	☐ DELETE 3.1	TITLE				Criange	, C Addition
NAME		3.2	NAME					
STREET ADDRESS		3.3	STREE	T ADDRESS	3			
CITY-ST-ZIP			CITY-	ST-ZIP	ļ			e Addition
TITLE		☐ DELETE 4.1	TITLE				Change	, DAGGRON
NAME		4.1	NAME					
STREET ADDRESS		· 4.3	STREE	TADDRESS	3			
CITY-ST-ZIP			СПҮ-5	IT-ZIP	1		[] Obs.	A Jalies a -
TITLE	1		TITLE				Change	e 🗌 Addition
NAME		l.	NAME					
STREET ADDRESS			-	T ADDRESS	3			
CITY-ST-ZIP			CITY-S	IT-ZIP	1			
TITLE		occure	TITLE				Change	e 🗌 Addition
NAME		6.2	NAME					1
ATOFET ADDRESS		6.3	STREE	T ADDRESS	s l			ŀ

6.4 CITY-ST-ZIP 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: 9