**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000108475

1. Corporation Name

DEMPSEY CONSULTING CO.

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90125 040 \*\*\*150.00



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Principal Place of Business Mailing Address									•		
-27 PENNOCK L		-27-PENNOCK-LANE #203									
-JUPITER-FL 33458-4083 JUPITER FL 33458-4083"						DO NOT WRITE IN THIS SPACE					
	•					3 Date	ncorporated				
							24/1997	, <del>4</del> ,000	•		
'2 Principal P	lace of Business	2a. Mailing Address	<b>∓</b> *			A EE	Number -	. 1 3	•	Ar	plied For
21 101		26 1016 8	EDI	00	20 AV		0805551			<del> </del>	t Applicable
Suite, Apt.		Suite, Apt. #, etc.							<u>-</u>	\$8.75	
	#, etc.	27				5, Cert	tifcate of Statu	s Desired	, D <sub>,</sub>	Fee Re	
City & State	Δ	City & State				¢ Eloc	tion Campaig	n Financino		\$5.00	May Po
City P State	EACH GARDENSF	Pour BEACE	16	DNS	s fc		st Fund Contri			Added 1	
Zip	Country	Zip	Cou		•		corporation o		rent vear Inta	angible	
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24 - 0	9. Name and Address of Current F	1201					ne and Addre		Registered /	Agent	
				81 N	Name ()	ALA			MPSE		
DEM	PSEY, DONALD E		,	82 5			<del>- •</del>		• •		
-27-PENNOCK LANE #203					Street Addres	fress (P.O. Box Number is Not Acceptable)					
JUPI	TER FL 33458-4083		ł	83	101	(0.5	3EDF	~~ ~	AVIC		
					101	Ψ (	SEUR	<u> </u>	MUE		,
		•		84 (	City PF	36			FL	85 Zip (	Code
	to the provisions of Sections 607.0502 a	- d COZ 1EOS Elerido Statutos	. the et		amad same	rotion cub	mite this state	ment for the		changing its	registered
office or n	egistered agent, or both, in the State of	Florida Such change was aut	horized	by the	e corporation	's board	of directors.	hereby acce	ept the appoir	itment as re	gistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statu	ites.				ı			
SIGNATURE									DATE		
	Signature, typed or printed name of registered agent at			Agent siç	gnature required v		ITIONS/CHAN	CES TO O		D DIRECTO	DS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13.	15		ADUI	HUNSICHAN	·	FFICENS AN	Change	Addition
TITLE	D DEMOCEV DOMALD E	. DELETE						•			<b>—</b> · · · · · · · · · · · · · · · · · · ·
NAME	DEMPSEY, DONALD E		1.2 NA					٠.			
STREET ADORESS	1016 BEDFORD AVE.	••		REETAD							
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		-	Y-ST-ZI	IP			•		Change	Addition
TITLE	D	☐ DELETE	2.1 T/T							Change	- Anginois
NAME	JERRY L. DEMPS		2.2 NA					grin and			
*STREET ADDRESS	1016 BEDFORD AVE		2.3 ST	REET AD	DRESS	_			,		
CITY-ST-ZIP	PALM BEACH GARDE		2. 4 CI	TY-ST-Z	ZIP .						
TITLE D	SAUDY L. SHOFNE	☐ DELETE	3.1 TIT	LE					ı	Change	☐ Addition
NAME	l	• •	3.2 NA	ME							
STREET ADDRESS	652 EASTWIND	K,	3.3 ST	REET AD	DORESS						
CITY-ST-ZIP	No. Paim BEACH F	il <u>33408                                   </u>	3.4. CI	ry-st-z	OP						
TITLE	D	☐ DELETE	4.1 TFT	LΕ						Change	☐ Addition
NAME	DIANE M. SIRMAN	70	4. 2 N	ME							
STREET ADDRESS			4.3 ST	REET AD	DRESS						
CITY-ST-ZIP	101 ANCHORAGE DI	EL 33408		Y-ST-ZI							
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			6.2 NA							_ ,	_
NAME '		•			VIDEGG						
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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.

CITY-ST-ZIP

(561) 622-8433