PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800006391

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90058 020 ***150.00

DEMEL ASSOCIATES, INC.						
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Principal Place of Business Mailing Address				-	ı indiridet ilin idiği dalıtı dattı dattı dattı dattı dattı	A Bride zilih lesat 210) taat – j
8940 SHOAL CREEK LANE 8940 SHOAL CREEK LANE						
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437					DO MOT MIDITE IN THIS CO	14.CF
-					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
					01/21/1998	
Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For
21 26					65-0807491	Not Applicable
	te, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip Country Zip			Countr	y	8. This corporation owes the current year Intang	ible
24	25		30	·		Yes 🗆 No
<u> </u>	9. Name and Address of Current	Registered Agent	-	41	10. Name and Address of New Registered Ago	ent ·
∆ NA F	ERILAWYER		8	1 Name		
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Ac		Address (P.O. Box Number is Not Acceptable)	
			8:			_
	TIE OF IDEED I C GO TO T		0.	3		-
			84	4 City	p., 18	35 Zip Code
AA Durayont to the analysis of Sections (07.050) and (07.450) Plaids Chaldes				FL (3) Exp 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 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 607.0505, Florida Statutes.						
agent. I a	im familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statute	5.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE: F	Registered Age	ant signature re	equired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change
NAME	DEMEL, SOL		1.2 NAME	: [
STREET ADDRESS	8940 SHOAL CREEK LANE		1.3 STREE	ET ADDRESS		f
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	1		Change
NAME	22 NA		2.2 NAME	1		
STREET ADDRESS	S 2.3		2.3 STREE	ET ADDRESS	•	}
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NAME	32 N		3.2 NAME			_
STREET ADDRESS	~	· -	3.3 STREE	T ADORESS		
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TITLE			4.1 TITLE	1		Change
NAME			4. 2 NAME	i i		ļ
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				T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY 5			
TITLE			6.1 TITLE			Change
NAME		62 NA				1 arrouge (** Tuennou)
STREET ADDRESS			1	T ADDRESS	•	{
			6.4 CITY-S			j
CITY-ST-ZIP	".		0.4 CI7 1 - C			

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 attackment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR