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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000012774

1. Corporation Name

DEMERS DEN INC.

| | | 7 | |
|--|--|---|--|
| Principal Place of Business | Mailing Address | | |
| 1026 NEBRASKA AVENUE PALM HARBOR FL 34683 | 1026 NEBRASKA AVENUE PALM HARBOR FL 34683 | | |

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90061 040 ***150.00



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| Principal Place | e of Business | М | ailing Address | | | | | |
| 1026 NEBRASKA AVENUE 1026 NEBRASKA AVENUE PALM HARBOR FL 34683 PALM HARBOR FL 34683 | | | | | | | | |
| | | | | | | DO NOT WRITE IN THIS S | PACE | |
| | 1 | | | | | 3. Date Incorporated or Qualified 02/09/1998 | | |
| 2. Principal P | Place of Business | 2a | . Mailing Address | | | 4. FEI Number | Ap | plied For |
| 21 | | 26 | - | | | 59-3491477 | No | t Applicable |
| Suite, Apt. | #. etc. | 1=0 | Suite, Apt. #, etc. | | | - David Colonia Decimal | \$8.75 | dditional |
| 22 | • | 27 | | | | 5. Certifcate of Status Desired | Fee Re | quired |
| City & State | te | 1 | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | o Fees |
| Zip | Country | 7 | Zip | Cou | ıntry | 8. This corporation owes the current year Intan | gible | |
| 24 | 25 | 29 | | 30 | | Personal Property Tax. | _] Yes | No |
| 1 | 9. Name and Address of Current | Regi | stered Agent | | | 10. Name and Address of New Registered A | ge <u>nt</u> | |
| | | - | | | 81 Name D | CICHARD J. CLOW | ا بتر | |
| | COUNTING & TAX HELP, INC. | | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | - | |
| | B PARK BLVD. | | | | 2.0 | 604 HUHT RP. | | |
| SUIT | | | | | 83 | | | 1 |
| SEM | IINOLE FL 33777 | | | | 84 City a | and the state of t | 95 7in (| Code |
| | in Straight | | to the second second | | 184 CHY 7A2 | RPON SPHNGS FL | 34 | 689 |
| 11. Pursuant | 4. the mandatane of Continue CO7 OFOC | 1 7 | 207 1E09 Elecido Statu | ites, the a | hove-named com- | paration submits this statement for the nurnose of cl | nanging its | registered |
| office or r | registered agent, or both, in the State or Im familiar with, and accept the obligat | of Flori | da. Such change was : f. Section 607.0505, Fl | autnorizeo orida Stat | o by the corporation | on's board of directors. I hereby accept the appoint | ilikili as le | gistered |
| SIGNATURE | | | ZICHARD | | | PRESIDENT 4/1/ | 99 | |
| SIGNATURE | signature, typed or printed name of registered agent | t and title | if applicable. (NOT | E: Registered | Agent signature require | ed when reinstating) DATE | | |
| 12. | OFFICERS AN | D DIR | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | PRESIDENT | | ☐ DELETE | 1.1 Ti | TLE | | Change | ☐ Addition |
| NAME | RICHARD J- CLOWAS | | | 1.2 N | AME | | | 1.3 |
| STREET ADDRESS | | | | | | | | 1 ; |
| OTTLETTODITEC | 2404 HOUT RD | | | 1.3 \$ | TREET ADDRESS | | | |
| CITY-ST-ZIP | 2404 HUNT RD TARPON STRINGS, FO | | 34689 | | TREET ADDRESS | - 100-100 | | |
| CITY-ST-ZIP | 2404 HUNT RD THRPON SPRINGS, FO VICE - PRESIDENT | L- 3 | 2 4 6 € 9 □ DELETE | | ITY-ST-ZIP | | ☐ Change | Addition |
| CITY-ST-ZIP | 2404 HUNT RD THRPON SPRINGS, FO VICE - PRESIDENT | L- 3 | 3 4 6 € 9 | 1.4 C | ITY-ST-ZIP ITLE | | ☐ Change | Addition |
| CITY-ST-ZIP | 2404 HUNT RD THRPON STRINGS, FOURT - PRESIDENT BETTE-ANN MADUR 2404 HUNT - RD | L- 3 | DELETE | 1.4 C 2.1 TI 2.2 N | ITY-ST-ZIP ITLE | | ☐ Change | Addition |
| CITY-ST-ZIP | 2404 HUNT RD THRPON STRINGS, FOURT - PRESIDENT BETTE-ANN MADUR 2404 HUNT - RD | L- 3 | DELETE | 1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 C | ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | ZLOY HUNT RD THRPON STRINGS, FOURT - PRESIDENT BETTE-ANN MADUR ZGOY HUNT - RD THRPON SPRINGS, SECRETARY | A FL | DELETE | 1.4 Cl 2.1 Tl 2.2 N 2.3 Si | ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP | | Change | Addition Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ZLOY HUNT RD THRPON STRINGS, FOURT - PRESIDENT BETTE-ANN MADUR ZGOY HUNT - RD THRPON SPRINGS, SECRETARY RICHARD T. CLOW | A FL | DELETE | 1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 C | ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ZLOY HUNT RD THRPON STRINGS, FOURT - PRESIDENT BETTE-ANN MADUR ZGOY HUNT - RD THRPON SPRINGS, SECRETARY RICHARD T. CLOWN ZGOY HUNT RD | 1- 3 A FL- | ☐ DELETE | 1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 C 3.1 Tl 3.2 N | ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | ZLOY HUNT RD THRPON SPRINGS, FOR VICE - PRESIDENT BETTE-ANN MADUR ZGOY HUNT - RD THRPON SPRINGS SECRETARY RICHARD T. CLOWN ZGOY HUNT RD TARPON SPRINGS | A FL FL | ☐ DELETE 34684 ☐ DELETE | 1.4 Cl 2.1 Tl 2.2 N 2.3 S' 2.4 C 3.1 Tl 3.2 N 3.3 S' | ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE AME | | ☐ Change | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 2604 HUNT RD THRPON SPRINGS, FOR VICE - PRESIDENT BETTE-ANN MADUR 2604 HUNT RD THRPON SPRINGS SECRETARY RICHARD T. CLOWN 2604 HUNT RD TARPON SPRINGS TREASURIE | A FL TS | 34684 DELETE | 1.4 Cl 2.1 Tl 2.2 N 2.3 S' 2.4 C 3.1 Tl 3.2 N 3.3 S' | ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ZLOY HUNT RD THRPON STRINGS, FOURT - PRESIDENT BETTE-ANN MADUR ZGOY HUNT - RD THRPON SPRINGS, SECRETARY RICHARD T. CLOWN ZGOY HUNT RD | A FL TS | 34684 DELETE | 1.4 CD 2.1 TH 2.2 N. 2.3 S' 2.4 CD 3.1 TH 3.2 N. 3.3 S' 3.4 CD 4.1 TH | ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
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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. CITY-ST-ZIP

SIGNATURE;