

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90191 012 ***150.00

DOCUMENT # P98000068303

1. Corporation Name
DE L'ARGENT, INC.

Principal Place of Business
5657 PARK STREET, NORTH, #198
ST. PETERSBURG FL 33709

Mailing Address
5657 PARK STREET, NORTH, #198
ST. PETERSBURG FL 33709



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1998

4. FEI Number
59-3521925
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 104 NE 9th ST
Suite, Apt. #, etc.

26 104 NE 9th ST
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Mulberry FL
Zip Country

28 Mulberry FL
Zip Country

24 33860 25 Polk

29 33860 30 Polk

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAGNON, BRUCE ALLEN
5657 PARK STREET, NORTH, #198
ST. PETERSBURG FL 33709

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Mulberry FL 85 Zip Code 33860

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME GAGNON, BRUCE ALLEN
STREET ADDRESS 5657 PARK STREET, NORTH, #198
CITY-ST-ZIP ST. PETERSBURG FL 33709

1.1 TITLE PT
1.2 NAME GAGNON, Bruce Allen
1.3 STREET ADDRESS 104 NE 9th ST
1.4 CITY-ST-ZIP Mulberry FL 33860

TITLE VPS
NAME HABERSKI, LORETTA
STREET ADDRESS 5657 PARK STREET, NORTH, #198
CITY-ST-ZIP ST. PETERSBURG FL 33709

2.1 TITLE VPS
2.2 NAME Haberski, Loretta
2.3 STREET ADDRESS 104 NE 9th Street
2.4 CITY-ST-ZIP Mulberry FL 33860

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-18-99

CR2E034 (11/98)