## 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

## May 13, 1999 8:00 am Secretary of State

05-13-1999 90046 048 \*\*\*150.00

1000		
DOCUMENT #  1. Corporation Name	198000085513	
) amal	CAL DEMALS, INC.	<b>/</b>

Principal Place of Business
3520 OAKS WAYH 306
3520 OAKS UNY-#306
POMP. BCN, FL 33069 Pamp. BCN, FL 33065 2. Principal Place of Business 2a. Mailing Address

DO NOT WRITE IN THIS SPACE 3. Date Incorporated of

Applied For

4. FEI Number

21	26		61-0869511	No	t Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re				
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be			
23	28		Trust Fund Contribution	Added t				
Zip Count	ry Zip	Country	8. This corporation owes the current year i	ntaegible				
24 25	29 3	10	Personal Property Tax.	Yes	□No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registere	d Agent				
Secott	H. LUTWAK, CPA	81 Name	arman Luguer	1 11 -				
1191 E. NEWPORT CENTER DR., SUITE 208			ess (P.O. Box Number is Not Acceptable)	1-430	16			
DEERFEED BEACH, FL 33442			20 63 1-3 601.		<u></u>			
DELTH		0						
		84 City Par	PAND BEOCHS F	<u>ا ( ا ا ا ا ا</u>	069			
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 acc	cept the obligations of, Section 607.0505, Floric	ia Statutes.	<b>\</b>					
SIGNATURE Signature broad or protect name	e of registered agent and title if applicable. (NOTE: R	tegistered Agent signature required	d when reinstating) DATE					
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12			
		11 TITLE		[] Change	☐ Addition			
NAME - NORMAN Z	UIMAR	1.2 NAME						
STREET ADDRESS 750 0	VS WAY-4306	1.3 STREET ADDRESS			. !			
CITY-ST-ZIP	VTWAK DELETE  LS WAY-4306  CH, FL 33069 DELETE	1.4 CITY- ST-ZIP						
TITLE POTT - !J	A DELETE	2.1 TITLE		Change	Addition			
NAME	,	2.2 NAME						
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CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS			İ			
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE		·	Addition			

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 confidered 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 the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my signature shall have the same legal effect as if made under the same leg :- the information ath; that I am an

6.2 NAME 63 STREET ADDRESS

NAME

STREET ADDRESS