**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**
99 NOV 23 PM 4:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000100479**

1. Corporation Name
**DEMERA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1100 PONCE DE LEON BLVD.<br>CORAL GABLES FL 33134 | 1100 PONCE DE LEON BLVD.<br>CORAL GABLES FL 33134 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 150 S. Pine Island Rd<br>Suite, Apt. #, etc.<br>22 Suite 500<br>City & State<br>23 Plantation, Fl.<br>Zip 24 33324 Country 25 USA | 2a. Mailing Address<br>26 150 S. Pine Island Rd.<br>Suite, Apt. #, etc.<br>27 Suite 500<br>City & State<br>28 Plantation, Fl.<br>Zip 29 33324 Country 30 USA |
| 3. Date Incorporated or Qualified<br>12/02/1998 | |
| 4. FEI Number<br>65-0899429 | ☐ Applied For<br>☐ 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 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| HELLMAN, MAYNARD J<br>~~1100 PONCE DE LEON BLVD.~~<br>~~CORAL GABLES FL 33134~~<br>150 S. Pine Island Rd.<br>Suite 500<br>Plantation, Fl. 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>150 S. Pine Island Rd.<br>83 Suite 500<br>84 City Plantation FL 85 Zip Code 33324 |

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 _____ 11-11-99
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HELLMAN, MAYNARD J<br>~~1100 PONCE DE LEON BLVD.~~<br>~~CORAL GABLES FL 33134~~ ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Director<br>Hellman, Maynard J<br>150 S. Pine Island Rd. Suite 500<br>Plantation, Fl. 33324 ☑ Change ☐ Addition<br>~~Address~~ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Brownell Combs<br>1630 Diplomat Pkwy<br>Hollywood, Fl. 33019 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

300003065253--8
-12/09/99--01051--009
****750.00 ****750.00

TS

REINSTATEMENT 99

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:** Brownell Combs President 10-18-99 (305) 794-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brownell Combs

CR2E034 (11/98)