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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90020 018 ***150.00

03/03/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # S24604

1. Corporation Name
DERMEE ENTERPRISES, INC.

Principal Place of Business Mailing Address
~~18 WINDWARD ISLES~~ ~~18 WINDWARD ISLES~~
~~PALM BEACH GARDEN FL 33418~~ ~~PALM BEACH GARDEN FL 33418~~
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **3330 PINE HILL TR** 26 **3330 PINE HILL TRAIL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **PALM BEACH GARDENS** 27
 City & State City & State
 28 **33418 USA** 29 **PALM BCH GARDENS, FL**
 Zip Country Zip Country
 24 25 29 30 **33418 USA**

3. Date Incorporated or Qualified
01/14/1991
 4. FEI Number: **59-1925088** 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

9. Name and Address of Current Registered Agent
DERMEE, PATRICK
3330 PINE HILL TRAIL
PALM BEACH GARDEN FL 33418

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip 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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMEE, PATRICK	1.2 NAME	
STREET ADDRESS	3330 PINE HILL TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMEE, MARIE-JOSE	2.2 NAME	
STREET ADDRESS	3330 PINE HILL TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33418	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMEE, PATRICK	3.2 NAME	
STREET ADDRESS	3330 PINE HILL TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Patrick Dermee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/99
 Date

Daytime Phone #

CR2E034 (1/198)