

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Northrup  
Secretary of State  
BUREAU OF CORPORATIONS

DOCUMENT # **S43465** (1)

1. Corporation Name  
**DES JULIE INC.**

Principal Place of Business  
**6316-40 LANTANA RD  
LAKE WORTH FL 33463**

Mailing Address  
**6316-40 LANTANA RD  
LAKE WORTH FL 33463**

APPROVED  
AND  
FILED

95 MAY -1 11:25:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/05/1991** 3a. Date of Last Report **06/16/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. # etc. 26. Suite, Apt. # etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

4. FEI Number **65-0242814** 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 has liability for intangible tax under s. 199.03, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENOIST, JEAN MARIE  
6316-40 LANTANA RD.  
LAKE WORTH FL 33463**

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 the 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 obligation of Section 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not the same as the corporation's board of directors, the signature of the registered agent must be provided.)

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SIGNATURE: *Jeanmarie Benoist*  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jeanmarie Benoist**

4/27/95 407-439-3321  
Date (Required)