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 29, 1999 8:00 am Secretary of State

04-29-1999 90260 015 ***150.00

DOCUMENT	#	S51	9	1	g
1 Comoration Name		-	•	•	_

DEMCO TRADING, INC.

Principal Place	of Business	Ma	iling Address				I IDDINE LES BRIEF FORM FINNE AND FINNE FINN BIRT BIRT BIRT BIRT BIRT BIRT BIRT BIRT
1736 COSTA DE SUITE 203	. •	BOX	o via tierra dr. Ca raton FL 33433				
BOCA RATON F	E 33432 ·	US					DO NOT WRITE IN THIS SPACE
US							3. Date Incorporated or Qualifed 05/08/1991
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21	The same of the sa	26					65-0260023 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27		_			5. Certificate of Status Desired Fee Required
City & State	•		City & State				6. Election Campaign Financing \$5.00 May Be
23	·	28					Trust Fund Contribution Added to Fees
Zip	Country	\vdash	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
	9. Name and Address of Curr	ent Regist	tered Agent		81	Nama	10. Name and Address of New Registered Agent
MOD	AIS, DENNIS E.				!°'	Name	
	VIA TIERRA DR				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)
	A RATON FL 33433						
ВОС	A NATUR EL 30100				83		
	•				84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florid	a. Such change was	authorized	ı by	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
=	, idifficial with and accept the obt	ganono or,	000,007,007,0000,1			•	
SIGNATURE	Signature, typed or printed name of registered	agent and title it	applicable. (NO	TE: Registered	Agen	t signature requ	uired when reinstaling) DATE
12.	OFFICERS	AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO		☐ DELETE	1,1 11	ΓLE	ļ	☐ Change ☐ Addition ☐
NAME	Morais, dennis e.			1.2 NA	ME		
STREET ADDRESS	6440 VIA TIERRA DR			1.3 \$T	REET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433			1.4 C	TY-S1	T-ZIP	
TITLE	SD		☐ DELETE	2.1 TT	πE		☐ Change ☐ Addition
NAME	MORAIS, JOYCE			2.2 N	WE	1	
STREET ADDRESS	6440 VIA TIERRA DR			2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433			2.4 C	TY-S	T-ZIP	
TITLE	·		☐ DELETE	3.1 17	rle.	1	☐ Change ☐ Addition
NAME	•			3.2 NA	ME		
STREET ADDRESS	•			3.3 \$1	REET	ADDRESS	
CITY-ST-ZIP				3.4. C		T-ZIP	Chance T Addition
TITLE			☐ DELETE	4.1 TF			☐ Change ☐ Addition
NAME	. ,			4.2N	AME		
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CITY-ST-ZIP				4.4 CI		r-ZiP	Change Addition
TITLE '			☐ DELETE	5.1 Tf			☐ Change ☐ Addition
NAME				5.2 N/		ADDOESO	
STREET ADDRESS				- 1		ADDRESS	
CITY-ST-ZIP				5.4 CI		I-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	6.1 TT			☐ Change ☐ Addition
NAME .				6.2 NA			
STREET ADDRESS						ADORESS	
CITY-ST-ZIP		1	/57	6.4 CI	1Y-51	T-ZIP	

14. I hereby certify that the information supplied with this filing boes of 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 frue 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 and address, with all other like empowered.

SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR