SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



Secretary of State **DIVISION OF CORPORATIONS** 

FILED Sep 17, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** 09-17-1999 90001 004 \*\*\*550.00

DOCUMENT #  1. Corporation Name	S86202
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DEREK JONES, INC.

SIGNATURE:

Principal Place of Business Mailing Address							}\$\$!!B!B   B  !B  B   B  I  B			H DIEH E				
859 \$ ORLANDO AVE 10717 SATINWOOD CIRCLE						- 1								
WINTER PARK FL 32789				ORLANDO FL 32825				ļ						
US			US	S				<u> </u>	DO NOT WRITE IN THIS SPACE					
<u> </u>								1	Date Incorporated or Qualified I 0/09/1991					
2. Principal P	lace of Busin	ness	28	a. Mailing Address			7		El Number			Applie	d For	
21			26	]				5	59-3086893			Not Ap	plicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75 Additional			
22			27	-]				3. \	Certificate of Status Desired		Fee	Requir	ed	
City & Stat	te -		City & State				6. E	Election Campaign Financing	·	\$5.0	0 ма	y Be		
23			28						Trust Fund Contribution		Adde	d to Fe	ees	
Zip		Country		Zip	Cor	intry		8. 1	This corporation owes the curr	ent year	r	_		
24		25	29		30			<u>-</u>	ntangible Personal Property.		Yes	L_ No		
	9. Name	and Address of Current	Regi	istered Agent		<u> </u>		10.	Name and Address of New F	Registered A	gent			
100	FA DEDEK					81	Name							
JONES, DEREK 10717 SATINWOOD CIRCLE						82	Street A	Address (P.	O. Box Number is Not Accepta	able)			-	
#32				•						<del></del>				
ORL	ANDO FL 3	2823				84	City			FL	85 Zi	p Code	3	
				007 4500 Florido Statut	sa tha ab		nomed se	ornoration of	ubmits this statement for the pr		naina its	registe	ered	
office or	registered as	gent, or both, in the State of yith, and accept the obligation	of Flor	rida. Such change was	authorize	d bv	the corpo	oration's boa	ard of directors. I hereby accept	pt the appoint	ment as	registe	ered	
_	an lanima t	nai, and accept are congar		01, 0000011 00, 10000,	.5.100		•							
SIGNATURE	Signature, typed	or printed name of registered agent	and title	e if applicable. (N	IOTE: Registe	ered A	gent signatur	ne required when		DATE				
12.		OFFICERS AND	DIR	ECTORS	13.			Al	DDITIONS/CHANGES TO OF	FICERS AND	DIREC	TORS	IN 12	
TITLE	PD			DELETE	1,1 7	TLE		1		L	Chang	e []	Addition	
NAME	JONES, D	erek			1.2 N	AMÉ								
STREET ADDRESS	10717 SA	TINWOOD CIRCLE			1.3 \$1	REET	ADDRESS							
CITY-ST-ZIP	ORLANDO	) FL			1.4 C	ITY-ST	-ZIP			<u>.</u>				
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NAME					2.2 N	AME								
STREET ADDRESS					2.3 \$1	REET	ADDRESS	ļ						
CITY-ST-ZIP					2.4 C	TY-ST	r-ZIP							
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NAME				<del>-</del> -	3.2 N	AME					-	•		
STREET ADDRESS					3.3 \$7	REET	ADDRESS							
CITY-ST-ZIP	ĺ				3.4 C	ITY-ST	-ZIP	<u>L.</u> .						
TITLE				DELETE	4.1 TI	TLE					Chang	e 🔲	Addition	
NAME	-			_ <del>_</del>	4.2 N	AME								
STREET ADDRESS					4.3 \$1	REET	ADDRESS							
CITY-ST-ZIP					4.4 C	TY-ST	r-zip							
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NAME				<del></del>	5.2 N	AME	1	1						
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CITY-ST-ZIP					5.4 CI	TY-ST	-ZIP							
TITLE				DELETE	6.1 TI	TLE					Change	e 🔲	Addition	
NAME					6.2 N	AME					•			
STREET ADDRESS					6.3 S1	REET	ADDRESS							
CITY-ST-ZIP						ITY-ST								
44 thoroby or	ertify that the	information supplied with t	his fili	ling does not qualify for	the every	ntion	etated in	section 119	.07(3)(i), Florida Statutes. I fur	ther certify th	at the inf	ormati	on	
indicated of	on this annua	d ropost or cupalismontal a	nnual Ver	il report is true and accu or trustee empowered i	irote and	that	my cianat	atura ehall he	ave the same legal effect as if y Chapter 607, Florida Statute	made under	nath: tha	at I am		