## 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

## DOCUMENT # V00376

1. Corporation Name

DEANDREA ENTERPRISES, INC.

Principal Place	e of Business	Ma	iling Address										
110 HALF MOON CR. 110 HALF MOON CR.													
#B2 Lantana FL 33462								DO NOT WRITE IN THIS SPACE					
ENGINEER IE SOFIE								3. Date Incorporated or Qualifed					
								12/16/1991					
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number			Арр	lied For	
21						65-0303748	Not Applicable						
Suite, Apt. #, etc. Suite, Apt.				#, etc.				5. Certificate of Status Desired		•		dditional	
22		27						o. Outlied of outlier of outlier			e Req		
City & State	e		City & State					6. Election Campaign Financing				May Be	
23		28	7' -	0				Trust Fund Contribution			ded to	rees	
Zip	Country	<u> </u>	Zíp	Cou	ntry			8. This corporation owes the current year		ingible ∏Yes	. 1	<b>32</b> No	
24	9. Name and Address of Current	29 Pegist	orod Agent	30	Г			Personal Property Tax.  10. Name and Address of New Register					
	9. Name and Address of Current	Regist	ered Agent		81	Name		10. Name and Address of No. 103					
DEAL	NDREA SR JOSEPH B												
110 HALF MOON CIRCLE #B2					82	Street A	Address (P.O. Box Number is Not Acceptable)						
	E 300				83								
	A RATON FL 33434												
					84	City			=L	85	Zip Ç	ode	
agent. I au SIGNATURE	m familiar with, and accept the obligation of the state o	ions of,	Section 607.0505, Flo	rida Stati	utes.	•		n's board of directors. I hereby accept the ap					
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS	S AN	D DIRE	стог	RS IN 12	
TITLE	D		☐ DELETE	1.1 TI	ΠLE	Ĩ				Cha	ınge	Addition	
NAME	DEANDREA, JOSEPH			1.2 N	ME								
STREET ADDRESS	110 HALF MOON CR., #B2			1.3 \$1	REET	ADDRESS							
CITY-ST-ZIP	LANTANA FL			14 CI	TY-S	T-ZIP							
TITLE	D		☐ DELETE	2.1 TI	TLE					☐ Cha	ınge	☐ Addition	
NAME	DEANDREA, ROSE MARIE			2.2 N	AME								
STREET ADDRESS	110 HALF MOON CR., #B2			2.3 \$1	REET	ADDRESS					,		
CiTY-ST-ZIP	LANTANA FL			2.4 C	πy-\$	T-ZIP							
TITLE			☐ DELETE	3.1 ∏						☐ Cha	ınge	☐ Addition	
NAME				3.2 N									
STREET ADDRESS						ADDRESS						İ	
CITY-ST-ZIP			□ DC) ETE	3.4. C		T-ZIP			—	Cha	ange	[ ] Addition	
TITLE			☐ DELETE	4.1 Tf		1					90		
NAME				4. 2 N									
STREET ADDRESS						TADORESS							
CITY-ST-ZIP			☐ DELETE	4.4 CI 5.1 TY		1-ZIP				Cha	ange	Addition	
TITLE			□ bccc.c	5.1 N		٠		· · · · · · · · · · · · · · · · · · ·			<u> </u>	_	
NAME						TADDRESS		;					
STREET ADDRESS				5.4 CI		- 1							
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI						Cha	ange	Addition	
NAME				6.2 N	AME							İ	
STREET ADDRESS				6.3 ST	REET	TADDRESS				`			

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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED N ONING OFFICER OR DIRECTOR 561-586-7847

Mar 11, 1999 8:00 am Secretary of State

**FILED** 

03-11-1999 90078 021 \*\*\*150.00