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 # V13495

DEMAPS, INC.

l .					
Principal Plac	e of Business	Mailing Address	·	4 IMBII AISAAN (IMBA IITIS ASALA TASA) BIIL	EBIS BIRKI MINIT BINIS BIRKI BIRIL SADI
401 W COLONI ORLANDO FL 3		P O BOX 547096 ORLANDO FL 32854			
US US				DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualifed	
2 Pripring D	Place of Business	2a. Mailing Address		02/12/1992 4. FEI Number	1 A-P-1 F-1
<u> </u>	lace of Business	<u> </u>		**	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3106052	Not Applicable \$8.75 Additional
22		27		5. Certifcate of Status Desired 🗵	Fee Required
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 3	Country 30	 This corporation owes the current year Personal Property Tax. 	r Intangible □ Yes □ No
[24]	9: Name and Address of Curren			10. Name and Address of New Registe	
<u> </u>			81 Name	To the state of th	
DIMA, ELENA 3423 WILDER LANE ORLANDO FL 32804			20 0		
			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
			83		
					T-1 - 6
	•		84 City	· I	EL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purposition's board of directors. I hereby accept the ap-	e of changing its registered
office or n	registered agent, or both, in the State i im familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the ap	opointment as registered
1 -		tions of, Section 607.0305, Florid	ia statutes.		
SIGNATURE					
	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	egistered Agent signature require		
12.	OFFICERS AN	at and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AN	it and title if applicable. (NOTE: R	egistered Agent signature require 13. 1.1 TITLE		
12. TITLE NAME	OFFICERS AN P DIMA, ELENA	at and title if applicable. (NOTE: R	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME		AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	at and title if applicable. (NOTE: R	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P DIMA, ELENA	at and title if applicable. (NOTE: R	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		S AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		AND DIRECTORS IN 12 Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN P DIMA, ELENA 3423 WILDER LANE	it and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		AND DIRECTORS IN 12 Change Addition Change Addition Change Addition

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 an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

SKE WITH THE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90034 041 ***158.75

407-246-0844

Change

☐ Addition

CR2E034 (11/98)