

2.9.98 B-1693 -C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V20698 (9)  
1. Corporation Name  
DEO VOLENTE & DELACROIX, INC.



Principal Place of Business

Mailing Address

~~2704 NW 42ND AVENUE~~  
~~00000 NUT CREEK FL 00000~~

2704 NW 42ND AVENUE  
00000 NUT CREEK FL 00000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1992

4. FEI Number

65-0320685

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 3542 SAHARA SPRINGS BLVD

27 3542 SAHARA SPRINGS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

Zip

Country

Zip

Country

24 33069

25 USA

29 33069

30 USA

9. Name and Address of Current Registered Agent

DELACROIX, ANOMIA B.  
2704 NW 42ND AVENUE  
00000 NUT CREEK FL 00000

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3542 SAHARA SPRINGS BLVD

83

84 City

Pompano Beach

FL

85 Zip Code  
33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

A. DELACROIX

02-2-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME DELACROIX, ANOMIA BYSSUS  
STREET ADDRESS 2704 NW 42 AVE  
CITY-ST-ZIP 00000 NUT CREEK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 3542 SAHARA SPRINGS BLVD  
1.4 CITY-ST-ZIP Pompano Beach, FL 33069

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  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: A. DELACROIX

02-02-98 954-978-9074

CR2E034 (10/97)