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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V38119** (6)

1. Corporation Name

DEMOSA DEVELOPMENT CORP.

Principal Place of Business

**1617 N. FLAGLER DRIVE
W. PALM BEACH FL 33407**

Mailing Address

**P.O. BOX 33209
PALM BEACH GARDENS FL 33420-3209**



3. Date Incorporated or Qualified

05/21/1992

3a. Date of Last Report

04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NEASE, MARIAN P
5355 TOWN CENTER RD.
SUITE 801
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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

Signature of officer, director, or registered agent, and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
JACOT, MAURICE**
STREET ADDRESS **1617 N. FLAGLER DR**
CITY-ST-ZIP **W. PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD
ROTHPLETZ, ROLAND**
STREET ADDRESS **P.O. BOX 33209 N/A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420**

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

14. I do 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:

ROTHPLETZ R.

2/7/97 (561) 622-2160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)