FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

.	1996	DIV	DIVISION OF CORPORATIONS						
DOCUN 1. Corporation	MENT # V48	720	(9)						
DE M	AR HOLDING CORP.	5 188el 811811 8358+ (Ann 18814 1)	dii 884 Bibis I		11 B1B12 B1B11 3BB1				
Driver Disco	of Flurings	Mollan Addition							
Principal Place		Mailing Addres							
10125 NW3 STE 10	116TH WAY	10125 NW 1 STE 10	16TH WAY						
NMEDLY FL US	33178	MEDLY FL : US	33178			3. Date (acorporated or Qualified	3a. Dat	e of Last Re	eport
00		US				07/08/1992	(06/26/19	95
	ace of Business	2a. Mailing Add	Iress			4. FEI Number		⊢	Applied For
Suite, Apt. #	# ato	26 Suite Ant	+ olo			65-0365506			Not Applicable
22	n, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional Required
City & State)	City & State				6. Election Campaign Financing			0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip 231	Country	Zip	—-¬	Country		8. This corporation has liability for		ax under s	199.032,
24]	25 9. Name and Address of Ci	29 29 Agen	30	. _[florida Statutes Yes 10. Name and Address of New I	s 🔀 No Begistered	Agent	
	3, 14dino uno Address oi oi	artent negistered Agen		81	Name	Id. Name and Address of New	negistereu	Agont	
MADTIN	NO. DAVID DE			82	Chronal Ania	Iress (P.O. Box Number is Not Accepta	hlo)		
	MARTELLA AVE			62	Street Add	iress (m.O. Box number is not Accepta	(зе _і		
SUITE				83					
	RATON FL 33433			84	City			85 Z ₁	D Code
				li			FL	<u> </u>	
or registere	ed agent, or both, in the State of	Florida. Such change wa	s authorized by th	sbove-n ie corpo	iamed corpo pration's boa	ration submits this statement for the pu and of directors. Thereby accept the app	irpose of ch pointment as	anging its ri registered	egistered office Lagent, Lam
familiar wit	th, and accept the obligations of,	Section 607.0505, Florida	statutes.			, , ,		Ü	
SIGNATURE .	Signature, typed or printed name of registered	faqoot and title it applied by	NOTE SEASO	ne I Apin	: Segnat iberto conte	off which remotalisation	EATE		
12.		S AND DIRECTORS		3.		ADDITIONS/CHANGES TO OF		DIRECTO	PRS IN 12
TITLF	D	□ D6	LETE 1.	1 THILE				Change	☐ Addition
NAME	DE MARTINO, DAVID			2 NAME					
STREET ADDRESS	22299 MARTELLA AVE			3 STREET					
CITY - S? - ZIP TITLE	BOCA RATON FL	[7] DE		4 City - S 1 Tille	1 - 216			Change	Addition
NAME	DE MARTINO, JOSEPH.	_	l l	2 NAME				Onlings	
STREET ADDRESS	32 STURBRIDGE CIRCLI				ADDRESS				
CITY - ST - ZIP	WAYNE NJ	-	2	4 CITY-S	I - 21P				
THE	D	DE	LETE 3	1 TITLE				Change	Addition
NAME	DE MARTINO, GARY B.		L.	2 NAME					
STREET ADDRESS	20051 OCEAN KEY DR				ADDRESS				
CITY-ST-7LP TITLE	BOCA RATON FL		The second second second	4 CITY - S 1 TILLE	1 - ZIP			Change	Addition
NAME		ل ا		2 NAME			1	□ Shange	L Production
STREET ADDRESS					ADDRESS				
C/TY-ST-ZIP				4 C(1Y+S					
TITLE		DE		1 TITLE				Change	Addition
NAME			5	2 NAME	1				
STREET ADDRESS			5	3 STREET	ADDRESS				
CITY - ST - ZIP				4 C(1) - S	1- <i>21</i> P			Chagos	☐ Addition
TITLE NAME				1 THLE 2 NAME				Change	☐ ¥000i01
STREET ADDRESS				3 STREET	ADDRESS				
CITY-SI-ZIP				4 CITY - S					
14. I do hereb	y certify that the information supp	blied with this filing is volum	starily furnished a	nd does	s not qualify	for the exemption stated in Section 119	9.07(3)(k), Fi	orida Statut	es I further
oath; that appears in	the information indicated on this Lam an officer or director of the G Block 12 or Block 13 if a langed	comporation or the received to or or an attachment wit	rentar annuar repo For trustee empor h an address	wered t	e and accur o execute th	ate and that my signature shall have thi is report as required by Chapter 607, F	a same lega Torida Statu	tes, and tha	at my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR