

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90260 037 \*\*\*150.00

**DOCUMENT # V48720**

1. Corporation Name  
**DE MAR HOLDING CORP.**

Principal Place of Business

10125 NW3 116TH WAY  
STE 10  
NAMEDLY FL 33178  
US

Mailing Address

10125 NW 116TH WAY  
STE 10  
MEDLY FL 33178  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1992

4. FEI Number

65-0365506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 10125 NW 116th Way

2a. Mailing Address

26 10125 NW 116th Way

Suite, Apt. #, etc.

22 Suite 10

Suite, Apt. #, etc.

27 Suite 10

City & State

23 Medley, FL

City & State

28 Medley, FL

Zip

24 33178

Country

25 USA

Zip

29 33178

Country

30 USA

9. Name and Address of Current Registered Agent

DE MARTINO, GARY  
20051 OCEAN KEY DR  
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

de Martino, Gary

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

6112 NW 124th Drive

83

84 City

Coral Springs

FL

85 Zip Code

33076

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

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 ☐ DELETE

NAME DE MARTINO, JOSEPH, JR.

STREET ADDRESS 32 STURBRIDGE CIRCLE

CITY-ST-ZIP WAYNE NJ

TITLE ☐ DELETE

NAME DE MARTINO, GARY B.

STREET ADDRESS 20051 OCEAN KEY DR

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6157 NW 124th Drive

Coral Springs, FL 33076

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6112 NW 124th Drive

Coral Springs, FL 33076

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joseph de Martino, Jr.

4/16/99

305-888/7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)