

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:10

DOCUMENT # 711557 (9)

1. Corporation Name
DARBY HALL, INC.

Principal Place of Business Mailing Address
1901 S. OCEAN DRIVE 1901 S. OCEAN DRIVE
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1966	3a. Date of Last Report 03/18/1994
4. FEI Number 59-1167436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

BENNETT, HIGH
1901 S. OCEAN DRIVE
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENNETT, HIGH
STREET ADDRESS	1901 S. OCEAN DRIVE
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	PD D.
NAME	FIORINO, LOUIS
STREET ADDRESS	1901 S. OCEAN DRIVE
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	TSD
NAME	DIMARTINO, DOMINIC
STREET ADDRESS	1901 S. OCEAN DRIVE
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	D
NAME	MARIANI, FRANK
STREET ADDRESS	1901 S. OCEAN DRIVE
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	D
NAME	COGNATA, ALBERT
STREET ADDRESS	1901 S. OCEAN DRIVE
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barry Jackson	
1.3 STREET ADDRESS	1901 S. Ocean Drive	
1.4 CITY - ST - ZIP	Hollywood FL.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gustavo Larramendi	
2.3 STREET ADDRESS	1901 S. Ocean Drive	
2.4 CITY - ST - ZIP	Hollywood FL.	
3.1 TITLE	Dominic Dimartino	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1901 S. Ocean Drive	
3.3 STREET ADDRESS	Hollywood FL.	
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Louis Fiorino	
4.3 STREET ADDRESS	1901 S. Ocean Drive	
4.4 CITY - ST - ZIP	Hollywood FL.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Dominic Di Martino 2/3/95 305-920-2125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)