## FILE NOW: PLING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 636994

(6)

DARCO	CARPET SERVICE, INC.					A INDIER DINOS CIVID OTIVO COLID TRIES DIDE	DIAN ANDI AKAN AMAI	<b>1111 1111</b> 1111111111111111111111111111	HI
Principal Place	e of Business	Mailing Address							H
250 NORTHWE		250 NORTHWEST 40 COURT POMPANO BEACH FL 33064-2628							
						Date Incorporated or Qualified     09/21/1979	3a. Date of L	•	ı
	lace of Business	2a, Mailing Addre	a, Mailing Address			4. FEI Number	Applied For		
21		26	A			59-1933726	Not Applicable		
Sulte, Apt. #, etc.			Suile, Apl. #, etc.			5. Certificate of Status Desired		75 Additi	
City & State		City & State	City & State					e Require	
23		28	· ]			Election Campaign Financing     Trust Fund Contribution		.00 May	
Zip	Country	Zip	Г С	Country					
24	25	29	30	,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<del></del>	9. Name and Address of Current Registered Agent			T		10. Name and Address of New Registered Agent			
DE V	WITT, DARWIN			81	Name				
250 NORTHWEST 40 COURT				82	Stroot Add	dress (P.O. Box Number is Not Acceptab			
	IPANO BEACH FL 33064		62 5			areas (1 pox riumber la rior Acceptac	10)		
•			B3						
				84	City		loci	Zio Code	
				64	City	FL 85 Zip Code			
office or r agent. I a SIGNATURE	to the provisions of Soctions 607.055 egistered agent, or both, in the State m familiar with, and accopt the oblig	of Florida, Such chan	ge was authoriz 0505, Figrida S	ed by latutes	the corpora s.	rporation submits this statement for the pation's board of directors. I hereby acceptioned when reinstaling)	ourpose of changot the appointment of the appointment of the pointment of	nt as regis	gistered stered
12.		D DIRECTORS	18	).		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
·TITLE				TITLE			☐ Cha	inge 🔲	Addition
<sup>1</sup> NAME				NAME					
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL			CITY S	31 - ZIP				
TITLE	STD	☐ DE	LETE 2.1	TITLE			L Cha	inge []	Addition
,namé	DE WITT, MARY A.		2.P N						
STREET ADDRESS	250 N.W. 40 COURT	2.8 S		STREEL	ADDRESS				
CITY-ST-ZIP				4 CITY -	ST-ZIP		·		
TITLE		[_] DE	DELETE 3.4 Tri				☐ Chi	mge [_]	Addition
-NAME -		•		NAME					-
STREET ADDRESS			3.5	STREET	ADDRESS				1
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NAME				2 NAME					
STREET ADDRESS					ADDRES\$				
CITY-ST-ZIP				CHY-S	ST-ZIP				I Addition
TITLE		L DE		TITLE			☐ Ch	mge 🗀	Addition
, NAME				NAME					
STREET ADDRESS			53	STREET	ADDRESS				

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.

62 NAME 63 STREET ADDRESS

DELETE

.....

CITY-ST-ZIP

STREET ADDRESS

NAME

4-25-97

954-

Change

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State