

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F10107 (3)

1. Corporation Name

DARN COMPUTER SERVICES, INC.

Principal Place of Business

772 CAMINO LAKES CIRCLE  
BOCA RATON FL 33486

Mailing Address

772 CAMINO LAKES CIRCLE  
BOCA RATON FL 33486



3. Date Incorporated or Qualified

11/03/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2047632

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KUTCHERA, DOROTHY  
772 CAMINO LAKES CIRCLE  
BOCA RATON FL 33486

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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, as applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME KUTCHERA, ROBERT  
STREET ADDRESS 772 CAMINO LAKES CIRCLE  
CITY- ST- ZIP BOCA RATON, FL 00000

TITLE DP ☐ DELETE

NAME KUTCHERA, DOROTHY G  
STREET ADDRESS 772 CAMINO LAKES CIRCLE  
CITY- ST- ZIP BOCA RATON, FL 00000

TITLE V ☐ DELETE

NAME FLINT, KUTCHERA A  
STREET ADDRESS 1260 BLUE ROCK RD  
CITY- ST- ZIP BURNSVILLE NC

TITLE V ☐ DELETE

NAME KUTCHERA, NEIL  
STREET ADDRESS 3848 JASMINE LN  
CITY- ST- ZIP CORAL SPRINGS FL

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

BOCA RATON, FL 33486

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

BOCA RATON, FL 33486

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

BURNSVILLE, NC 28714

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

CORAL SPRINGS, FL 33065

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY G. KUTCHERA

4/29/96

407/391-2523

CR2E034 (12/95)