


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F78569 1. Corporation Name DARABRAD VENTURES, INC.			
Principal Place of Business 3199 60TH ST S.W. NAPLES FL 34116 US		Mailing Address 3199 60TH ST S.W. NAPLES FL 34116 US	
2. Principal Place of Business 21 11760 BERRY DRIVE Suite, Apt. #, etc. 22 City & State 23 COOPER CITY, FL. Zip 24 33026 Country 25 US		2a. Mailing Address 26 11760 BERRY DRIVE Suite, Apt. #, etc. 27 City & State 28 COOPER CITY, FL. Zip 29 33026 Country 30 US	
9. Name and Address of Current Registered Agent FAGAN, PETER F 3199 60TH ST S.W. NAPLES FL 34116		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11760 BERRY DRIVE 83 84 City COOPER CITY FL 85 Zip Code 33026	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FAGAN, PETER F 3199 60TH ST S.W. NAPLES FL 34116	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition 11760 BERRY DRIVE COOPER CITY, FL. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FAGAN, MELANIE G. 3199 60TH ST S.W. NAPLES FL 34116	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition 11760 BERRY DRIVE COOPER CITY, FL. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

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:

PETER F. FAGAN, PRESIDENT

4/29/99 (954) 443-2624

Date

Daytime Phone #

CR2E034 (11/98)