

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 # **F84968** (9)

1. Corporation Name

DOMAR PROFESSIONAL BOOKKEEPING, INC.



Principal Place of Business

**3455 W CYPRESS DR.
DUNNELLON FL 34433
US**

Mailing Address

**3455 W CYPRESS DR.
DUNNELLON FL 34433
US**

3. Date Incorporated or Qualified

06/11/1982

3a. Date of Last Report

04/17/1995

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

10. Name and Address of New Registered Agent

**SMITH, DOROTHY E.
3455 W CYPRESS DR.
DUNNELLON FL 34433**

81 Name

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

83

84 City

FL

85 Zip Code

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 date of appointment

Signature, typed or printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SMITH, DOROTHY	
STREET ADDRESS	3455 W CYPRESS DR.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DOROTHY	
STREET ADDRESS	3455 W CYPRESS DR.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH MARVIN	
STREET ADDRESS	3455 W CYPRESS DR.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH MARVIN	
STREET ADDRESS	3455 W CYPRESS DR.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WARNOCK, RONALD	
STREET ADDRESS	3455 W CYPRESS DR.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Dorothy E. Smith* **Dorothy E. Smith, Pres.** 4/8/96 (352)489-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (12/95)