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

DG.7/96

DOCUMENT # **F94000003646 (6)**

1. Corporation Name

DA GAMMA, INC.

Principal Place of Business

155 KRISTIN CT.
LIFE STYLE APT. #609
PALM HARBOR FL 34684

Mailing Address

155 KRISTIN CT.
LIFE STYLE APT. #609
PALM HARBOR FL 34684

3. Date Incorporated or Qualified: **07/13/1994**

3a. Date of Last Report: **07/24/1995**

4. FEI Number: **58-2099650** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation is subject to intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 211 Douglas Ave
22
23 Dunedin, FL 34698-7911
24 34698-7911 25 Pinellas

2a. Mailing Address
26 c/o 106 N LEVIS AVE
27
28 TARPON SPRINGS, FL
29 34689-4345 30 Pinellas

9. Name and Address of Current Registered Agent

DUISHEIKO, LOUIS
430 HOLLYHILL DRIVE
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

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. Said 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ZANELLA, GIANLUCA	
STREET ADDRESS	155 KRISTIN CT.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	V	☐ DELETE
NAME	DUSHEIKO, HAROLD LOUIS	
STREET ADDRESS	2865 LONGLEAF LN.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S	☐ DELETE
NAME	ZANELLA, CARMEN	
STREET ADDRESS	2865 LONGLEAF LN.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☒ Change ☐ Addition
6 NAME		
7 STREET ADDRESS	430 HOLLY HILL RD	
8 CITY-ST-ZIP	OLDSMAR, FL 34677	
9 TITLE		☒ Change ☐ Addition
10 NAME		
11 STREET ADDRESS	430 HOLLY HILL RD	
12 CITY-ST-ZIP	OLDSMAR, FL 34677	
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate and does not omit any material fact that may be necessary to make the information not misleading. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: ✓ _____ Mar 21, 1996 813/781-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Louis Dusheiko, VP