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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700004201

**FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90071 003 \*\*\*150.00

DANMAR	R TEXAS, INC.							
Principal Place of Business 2000 NORTH ATA 2000 NORTH ATA 2000 NORTH ATA 399 E CAMINO REAL 6T PIERCE FL 34949 BOCA RATON FL 33432 US FT PIERCE, FL 34949 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/11/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 75-2453565	\- <del></del>	oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.			5. Certificate of Status Desired		Additional equired
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip Country 29 30				This corporation owes the current year Interpretation     Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New Registered	Agent	
	COLL CARACTE			81	Name			
Danella, Carmen 999 E. Camino Real				82	Street Addre	iress (P.O. Box Number is Not Acceptable)		
BOC	CA RATON FL 33432			83			٠	
				84	City	FL	85 Zip	Code
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change tations of, Section 607.050	was authorized 5, Florida Stati	by tutes.	he corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoi	changing its ntment as re	registered
	Signature, typed or printed name of registered age		(NOTE: Registered	Agent	signature required		ID DIRECTO	2DS IN 12
12.	,	ND DIRECTORS	13. TE 1.1 TF	TI C		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	P CARMEN							
NAME	DANELLA, CARMEN		1.2 NV		ADDRESS			
STREET ADDRESS			TY-ST-	- (			1	
CITY-ST-ZIP TITLE	ST ST				-217	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	DANELLA, JAMES	,						1
STREET ADDRESS			2.3 \$1	TREET.	ADDRESS .			J
CITY-ST-ZIP			ITY-ST	-ZIP				
TITLE		☐ DELETE 3.1 Tr		JTE.			Change	☐ Addition
NAME			3.2 N	AME		•		
STREET ADDRESS			3.3 S	REET	ADDRESS			ļ
CITY-ST-ZIP			3.4. C	ITY-ST	-ZIP			
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STREET ADDRESS					ADDRESS			[
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TITLE			62 N					L] radition
NAME	1		■ VZ 10	471				1

CITY-ST-ZIP 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 apartiachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

313-9710

Daytime Phone # 610