

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90007 034 \*\*\*150.00

DOCUMENT # F97000006432

1. Corporation Name

DHARMA HOLDINGS LIMITED COMPANY

Principal Place of Business

1450 S. DIXIE HWY., STE. 101  
BOCA RATON FL 33432

Mailing Address

1450 S. DIXIE HWY., STE. 101  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

65-0797181

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 14 S. SWINTON AVE

2a. Mailing Address

26 14 S. SWINTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DELRAY BEACH, FL

City & State

28 DELRAY BEACH, FL

Zip

Country

24 33444

25 USA

Zip

29 33444

Country

30 USA

9. Name and Address of Current Registered Agent

SMITHER, ROBERT M JR.  
1450 S. DIXIE HWY., STE. 101  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

83 14 S. SWINTON AVE

84 City

DELRAY BEACH

FL

85 Zip Code

33444

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

TITLE ☐ DELETE

NAME VASD  
STREET ADDRESS SMITHER, ROBERT M JR.  
CITY-ST-ZIP 1450 S. DIXIE HWY., STE. 101  
BOCA RATON FL 33432

TITLE ☐ DELETE

NAME T  
STREET ADDRESS WINTZER, WILLIAM R  
CITY-ST-ZIP 1450 S. DIXIE HWY., STE. 101  
BOCA RATON FL 33432

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS WORRELL, THOMAS E. JR.  
CITY-ST-ZIP 1450 S. DIXIE HWY., STE. 101  
BOCA RATON FL 33432

TITLE ☐ DELETE

NAME S  
STREET ADDRESS WORRELL, ODETTE A.  
CITY-ST-ZIP 1450 S. DIXIE HWY, STE 101  
BOCA RATON FL 33432

TITLE ☐ DELETE

NAME AS  
STREET ADDRESS GOODYEAR, KIM  
CITY-ST-ZIP 1450 S. DIXIE HWY, STE 101  
BOCA RATON FL 33432

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14 S. SWINTON AVE  
DELRAY BEACH, FL 33444

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

14 S. SWINTON AVE  
DELRAY BEACH, FL 33444

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

14 S. SWINTON AVE  
DELRAY BEACH, FL 33444

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

14 S. SWINTON AVE  
DELRAY BEACH, FL 33444

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

125 LA POSTA  
TAOS, NM 87571

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:

WILLIAM R. WINTZER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(561) 243-2900

Daytime Phone #

CR2E034 (11/98)

0039489