

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 01, 1999 8:00 am  
Secretary of State

05-01-1999 90084 045 \*\*\*150.00

DOCUMENT # G02891

1. Corporation Name

DARK AGES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1982

4. FEI Number

59-2246022

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Pine Ridge South Condos

Suite, Apt. #, etc. Apt: D-2

22 Pine Hov Cir, Bldg 203

City & State

23 Lake Worth, FL

Zip

24 33463

Country

25 USA

2a. Mailing Address

26 601 New Brunswick Avenue

Suite, Apt. #, etc.

27 P. O. Box 333

City & State

28 Rahway, NJ

Zip

29 07065-0333

Country

30 USA

9. Name and Address of Current Registered Agent

CHECHE, PETER V., SR.  
101 SE 6TH AVENUE  
STE. A  
DELRAY BCH. FL 33483

10. Name and Address of New Registered Agent

81 Name

Cheche, Peter V. Sr.

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

Pine Ridge South Condominiums

83 Pine Hov Circle, Bldg 203 Apt D-2

84 City  
Lake Worth

FL

85 Zip Code  
33463

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 P ☐ DELETE  
NAME CHECHE, PETER V., SR.  
STREET ADDRESS 101 SE 6TH AVE., STE. A  
CITY-ST-ZIP DELRAY BCH. FL

TITLE ST ☐ DELETE  
NAME LONGO, JAMES  
STREET ADDRESS 101 SE 6TH AVE., STE. A  
CITY-ST-ZIP DELRAY BCH. FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Cheche, Peter V. Sr.  
1.3 STREET ADDRESS 601 New Brunswick Avenue  
1.4 CITY-ST-ZIP Rahway, NJ 07065

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME Longo, James  
2.3 STREET ADDRESS 601 New Brunswick Avenue  
2.4 CITY-ST-ZIP Rahway, NJ 07065

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 an attachment with an address, with all other like empowered.

SIGNATURE: Peter V. Cheche, Sr. President April 28, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)