

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G67457** (3)
1. Corporation Name
DANDAR & DANDAR, A PROFESSIONAL ASSOCIATION



Principal Place of Business

POST OFFICE BOX 24597
TAMPA FL 33623-1597

Mailing Address

POST OFFICE BOX 24597
TAMPA FL 33623-1597

2. Principal Place of Business

2a. Mailing Address

21 1009 N. O'Brien Street

26 above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State
23 Tampa, FL

27

City & State

24

Zip
33607

25

County
Hillsborough

29

Zip

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/02/1983

3a. Date of Last Report
03/24/1995

4. FET Number
59-2337825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributor ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

DANDAR, KENNAN GEORGE
1009 NORTH O'BRIEN ST
TAMPA FL 33607

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 of the person who is the registered agent for the corporation

Signature of the person who is the registered agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME DANDAR, KENNAN GEORGE
STREET ADDRESS 1009 NORTH O'BRIEN ST
CITY-STATE-ZIP TAMPA FL

TITLE VSD ☐ DELETE

NAME DANDAR, THOMAS JOHN
STREET ADDRESS 1009 NORTH O'BRIEN ST
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS
33 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS
43 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of the person who is the registered agent for the corporation

CR2E034 (12/95)