

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER **JULY 7, 1996**.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **455144**
1. Corporation Name

D. A. TRADING, INC.

Principal Place of Business

Mailing Address

**One Financial Plaza
Suite 1600
Fort Lauderdale, FL.
33394**

3. Date Incorporated or Qualified

4/29/85

3a. Date of last Report

6/12/95

4. FCI Number

59-2574299

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. If a Corporation has liability for intangible tax under s. 190.04,
Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State Abbreviation

26. State Abbreviation

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**Marshall J. Cooper, Esq.
One Financial Plaza
Suite 1600
Fort Lauderdale, Florida 33394**

81. Name

Bernard T. Moyle, Esq.

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

**One Financial Plaza
Suite 1600**

83. City

Fort Lauderdale

85. State

FL 33394

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), Florida Statutes, I, the undersigned, do hereby certify that the above named corporation, partnership, or limited liability company is the proper party to be registered as the agent of the corporation, partnership, or limited liability company for the purpose of filing its annual report and for the purpose of receiving notices of delinquency and for the purpose of receiving notices of dissolution and for the purpose of receiving notices of revocation of the corporation, partnership, or limited liability company's right to do business in the State of Florida.

SIGNATURE

Bernard T. Moyle

7/31/96

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14. PD
NAME: **Archambeau, David A.**
STREET ADDRESS: **P.O. Box 1323, NA**
CITY & STATE: **Lyndonville, VT.**

☐ TO BE
N/A

15. S
NAME: **Archambeau, Sharon L.**
STREET ADDRESS: **P.O. 1323**
CITY & STATE: **Lyndonville, VT**

☐ TO BE
N/A

16. NAME: **Archambeau, Sharon L.**
STREET ADDRESS: **P.O. 1323**
CITY & STATE: **Lyndonville, VT**

☐ TO BE
N/A

17. NAME: **Archambeau, Sharon L.**
STREET ADDRESS: **P.O. 1323**
CITY & STATE: **Lyndonville, VT**

☐ TO BE
N/A

18. NAME: **Archambeau, Sharon L.**
STREET ADDRESS: **P.O. 1323**
CITY & STATE: **Lyndonville, VT**

☐ TO BE
N/A

19. NAME: **Archambeau, Sharon L.**
STREET ADDRESS: **P.O. 1323**
CITY & STATE: **Lyndonville, VT**

☐ TO BE
N/A

20. NAME: **Archambeau, Sharon L.**
STREET ADDRESS: **P.O. 1323**
CITY & STATE: **Lyndonville, VT**

☐ TO BE
N/A

SIGNATURE:

David A. Archambeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-08/20/96--01169--019
*****225.00**

CR2E034 (3/96)