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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name H55144 (0)

D. A. TRADING, INC.

FILED Apr 23 1998 8:00am Secretary of State



:										
Principal Place of Business Mailing Address									•••	
ONE FINANCIAL PLAZA ONE FIN				FINANCIAL PLAZA						
SUITE 1600		••	SUITE 160	• • • • • •			DO NOT WRITE IN THIS SPACE			
FORT LAUDERDALE FL 33394				FORT LAUDERDALE FL 33394 US			3. Date Incorporated or Qualified			
00			00				04/29/1985			
2. Principal Pi	lace of Busine	iss	2a, Mailing Ad	dress			4. FEI Number	Applied f	For	
21			26				59-2574299	Not Appli		
Suite, Apt.	#, etc.		Suite, Apt	#, etc.		••		\$8.75 Addition	nal	
22			27				5. Certificate of Status Desired	Fee Required	J	
City & State			Crty & Sta	City & State			6. Election Campaign Financing	\$5.00 May B		
23			28				Trust Fund Contribution	Added to Fees		
Zip	<u> </u>	Country	Zip	_	Country		8. This corporation owes or has paid the curr		e	
24		5	29	30)		Personal Property Tax due June 30. L. 10. Name and Address of New Registered A	Yes No		
140		nd Address of Curr	ent Hegistered Ager	11	81	Name	10. Name and Address of New Hegistered A	(Aour		
	YLE, BERNA									
ONE FINANCIAL PLAZA				82 Stree			Address (P.O. Box Number is Not Acceptable)			
	ITE 1600	DALE FL 33394			83					
ļ ru	יהו שיטטבהו	DALE PL 33384								
					84	City	FL	85 Zip Code		
11. Pursuant	to the provision	ons of Sections 607.05	502 and 607.1508, FI	orida Statutes,	the above	-named co	progration submits this statement for the purpose of	changing its regis	stered	
Office or re	arre harataina	int, or both, in the Sta n, and accept the obt	te of Florida, Such et	iande was autt	horized by	the cornor	ration's board of directors. I hereby accept the app	ointment as registe	ered	
1 *	ntifortinica wit	i, and accept the ob-	igations of occion o	01.0000, 11010	ia olalatot	,,				
SIGNATURE	Signature, typed o	r printed name of registered a	agent and title if applicable	(NOTE: R	log-stered Age	nt signature rec	quired when reinstating) DATE			
12.		OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD		L.	DELETE	1.1 TITLE			Change A	Addition	
NAME		IBEAU, DAVID A.			1.2 NAME	ł				
STREET ADDRESS		(1323, NA			1.3 STREET	ADDRESS				
CITY-ST-ZIP	LYNDON	VILLE VI		DC(FTF	1.4 CITY - S	T - ZIP		Change A	Addition	
TITLE	6 ADCUASA	IDEAL CHADONII		DELE te	2.1 TITLE			□ Cuange □ P	AUDITION	
NAME		IBEAU, SHARON L			2.2 NAME					
STREET ADDRESS	BOX 132 LYNDON				2.3 STREET				- [
CITY-ST-ZIP	LINUUN	VILLE VI		DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP		Change A	Addition	
TITLE			L	,	3.1 HILE					
STREET ADDRESS					33 STREET	ADDRESS				
CITY-ST-ZIP					3 4. CiTY-5	į.			1	
TITLE				DELETE	4.1 TITLE			☐ Change ☐ A	Addition	
NAME					4. 2 NAME	1				
STREET ADDRESS	1				4.3 STREET	ADDRESS				
CITY+ST-ZIP					4.4 CITY - S	T-ZIP				
TITLE				DELETE	5.1 TITLE			Change D	Addition	
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY - 9	1-2IP				
TITLE				DELETE	6.1 TITLE			Change .	Addition	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREET	ADDRESS				
CITY-ST-ZIP					6.4 CITY - S	T - 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 changer or or an attachment with an address.

1998