

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J51760

(3)

1. Corporation Name

WILLIAM J. DARGO, P.A.

Principal Place of Business

804 WEST BLOOMINGDALE AVE STE. 100
804 BLOOMINGDALE AVENUE, SUITE 100
BRANDON FL 33511

Mailing Address

804 WEST BLOOMINGDALE AVE STE. 100
804 BLOOMINGDALE AVENUE, SUITE 100
BRANDON FL 33511

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DARGO, WILLIAM J.
804 BLOOMINGDALE AVENUE
SUITE 100
BRANDON FL 33511

3. Date Incorporated or Qualified

01/09/1987

3a. Date of Last Report

08/09/1996

4. FEI Number

59-2764962

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DARGO, WILLIAM J.	
STREET ADDRESS	804 BLOOMINGDALE AVE#100	
CITY-ST-ZIP	BRANDON FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWIN B. RABIN	
1.3 STREET ADDRESS	804 W. BLOOMINGDALE AVE Ste 100	
1.4 CITY-ST-ZIP	BRANDON, FL 33511	

2.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PATRICIA THOMAS	
2.3 STREET ADDRESS	804 W. BLOOMINGDALE AVE Ste 100	
2.4 CITY-ST-ZIP	BRANDON FL 33511	

3.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DORIS OVALLE	
3.3 STREET ADDRESS	804 W. BLOOMINGDALE AVE Ste 100	
3.4 CITY-ST-ZIP	BRANDON FL 33511	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Edwin B. Rabin

04-29-97

813-6855200

CR2E034 (9/96)