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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J51760 (3)
1. Corporation Name
WILLIAM J. DARGO, P.A.

Principal Place of Business Mailing Address
804 WEST BLOOMINGDALE AVE STE. 100 804 WEST BLOOMINGDALE AVE STE. 100
804 BLOOMINGDALE AVENUE, SUITE 100 804 BLOOMINGDALE AVENUE, SUITE 100
BRANDON FL 33511 BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1987
4. FEI Number
59-2764962
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
DARGO, WILLIAM J. 81 Name
804 BLOOMINGDALE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 100 83
BRANDON FL 33511 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D 1.1 TITLE
NAME DARGO, WILLIAM J. 1.2 NAME
STREET ADDRESS 804 BLOOMINGDALE AVE#100 1.3 STREET ADDRESS
CITY-ST-ZIP BRANDON FL 1.4 CITY-ST-ZIP
TITLE M 2.1 TITLE
NAME RABIN, EDWIN B 2.2 NAME
STREET ADDRESS 804 W BLOOMINGDALE AVE, 100 2.3 STREET ADDRESS
CITY-ST-ZIP BRANDON FL 2.4 CITY-ST-ZIP
TITLE M 3.1 TITLE
NAME THOMAS, PATRICIA 3.2 NAME
STREET ADDRESS 804 W BLOOMINGDALE AVE, 100 3.3 STREET ADDRESS
CITY-ST-ZIP BRANDON FL 3.4 CITY-ST-ZIP
TITLE M 4.1 TITLE
NAME OVALLE, DORIS 4.2 NAME
STREET ADDRESS 804 W BLOOMINGDALE AVE, 100 4.3 STREET ADDRESS
CITY-ST-ZIP BRANDON FL 4.4 CITY-ST-ZIP
TITLE 5.1 TITLE
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE 6.1 TITLE
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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.

SIGNATURE: William J. Dargo, P.A. 03-12-98 813 685-5200

CR2E034 (10/97)