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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90013 041 ***150.00

1/99/17M

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J70856

1. Corporation Name
PETER DARRAS AND ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 *LEWIS G. GORDON *LEWIS G. GORDON
 1320 S DIXIE HIGHWAY SUITE 700- 1320 S DIXIE HIGHWAY SUITE 700
 CORAL GABLES FL 33148 CORAL GABLES FL 33146
 US US

3. Date Incorporated or Qualified
04/28/1987

2. Principal Place of Business 2a. Mailing Address
 21 **PETER DARRAS Y ASSOC** 26 **3650 CORAL RIDGE DR**

4. FEI Number
59-2802716

22 **3650 CORAL RIDGE DR** 27 **SUITE # 110**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **CORAL SPRINGS, FL** 28 **CORAL SPRINGS, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33065** 25 **US** 29 **33065** 30 **US**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GORDON, LEWIS G.
1320 S DIXIE HIGHWAY
SUITE 700
CORAL GABLES FL 33148

10. Name and Address of New Registered Agent
 81 Name **DEBORAH J. DARRAS**
 82 Street Address (P.O. Box Number is Not Acceptable) **3650 CORAL RIDGE DRIVE**
 83 **SUITE 110**
 84 City **CORAL SPRINGS** FL 85 Zip Code **33065**

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 *Deborah J. Darras* **DEBORAH J. DARRAS VICE PRESIDENT** **04/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAS, PETER S.	1.2 NAME	ADD
STREET ADDRESS	3650 CORAL RIDGE DR., #110	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	33065
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAS, DEBORAH J.	2.2 NAME	ADD
STREET ADDRESS	3650 CORAL RIDGE DR., #110	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	33065
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRAS, DEBORAH J.	3.2 NAME	DARRAS, DEBORAH J.
STREET ADDRESS	3650 CORAL RIDGE DR., #110	3.3 STREET ADDRESS	3650 CORAL RIDGE DR., #110
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE *Deborah J. Darras* **DEBORAH J. DARRAS** **04/26/99 (954) 7551052**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)