

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-02-2004 90020 007 ***150.00

DOCUMENT # L04516 1. Entity Name DARTS, INCORPORATED			
Principal Place of Business 3575 N DIXIE HWY OAKLAND PARK FL 33334		Mailing Address 3090 NE 48TH ST. SUITE 102 FT LAUDERDALE FL 33308	
2. Principal Place of Business 3575 N DIXIE HWY		3. Mailing Address FRANK CURCIO DARTS, INC. #102 3090 N. E. 48th STREET LAUDERDALE, FL 33308	
Suite, Apt. #, etc. OAKLAND PK. FL.		Suite, Apt. #, etc. LAUDERDALE, FL 33308	
City & State OAKLAND PK. FL.		City & State LAUDERDALE, FL	
Zip 33334		Zip 33308	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-0149063		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSHINSKY, LEONARD 1150 E. HALLANDALE BCH BLVD., SUITE A HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Frank Curcio</i></u> DATE <u>2/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CURCIO, GLORYA 3090 NE 48 ST #102 FT. LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURCIO, FRANK A., JR. 3090 NE 48 ST, #102 FT. LAUDERDALE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Frank Curcio</i></u>		Date <u>2-23-04</u> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			