

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90153 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L67745

1. Corporation Name

D & C - RALLY'S LEASE CORP.

Principal Place of Business

**1 FINANCIAL PL
SUITE 2001
FT. LAUDERDALE FL 33394
US**

Mailing Address

**1 FINANCIAL PLAZA
SUITE 2001
FT. LAUDERDALE FL 33394
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1990

4. FEI Number

65-0195468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

**c/o Halliday Group Realty
Mgmt., Inc.**

2a. Mailing Address

**c/o Halliday Group Realty
Mgmt., Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1100 SE 3 Ave, 2nd Floor

1100 SE 3 Ave, 2nd Floor

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Zip

33316-1110 ☐ **USA**

33316-1110 ☐ **USA**

9. Name and Address of Current Registered Agent

**DWORS, ROBERT F
1629 NE 4TH CT
SUITE 310
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

Dwors, Robert F

82 Street Address (P.O. Box Number is Not Acceptable)

1629 NE Fourth Court

83

84 City

Fort Lauderdale

FL

85 Zip Code

33301

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 ☐ DELETE
NAME **D**
STREET ADDRESS **DWORS, ROBERT F.**
CITY-ST-ZIP **1629 N.E. FOURTH CT
FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CURRAN, DERRANCE W.**
CITY-ST-ZIP **PO BOX 1477
FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHANDLER (NO FIRST NAME)**
CITY-ST-ZIP **2001 SE SAILFISH POINT BLVD
STUART FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME **Dwors, Robert F.**
13 STREET ADDRESS **1629 NE Fourth Court**
14 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

21 TITLE ☒ Change ☐ Addition
22 NAME **Curran, Derrance W.**
23 STREET ADDRESS **PO Box 2465**
24 CITY-ST-ZIP **Fort Lauderdale, FL 33303-2465**

31 TITLE ☒ Change ☐ Addition
32 NAME **Chandler (No First Name)**
33 STREET ADDRESS **2001 SE Sailfish Point Blvd., Suite 411**
34 CITY-ST-ZIP **Stuart, FL 34996**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 767-0700

Daytime Phone #

CR2E034 (1/98)