## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(2)

1. Corporation Name

DACAD	<b>ENTERPRISE</b>	OMI 9
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Principal Place of Business Mailing Address 5313 NORT STATE ROAD 7 5313 NORT STATE ROAD 7 5313 NORTH STATE ROAD 7 5313 NORTH STATE ROAD 7 TAMARAC FL 33319 TAMARAC FL 33319 3a. Date of Last Report 3. Date Incorporated or Qualified 04/10/1995 05/18/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0199828 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Country  $Z_{(0)}$ 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RATNER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 82 5801 CAMINO DEL SOL 83 #301 **BOCA RATON FL 33433** 

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE _	Signature: typed or printed name of registered agent and later			wher registating: DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLÉ	PD	☐ DELETE	1. 1 TIFLE	Change Addition
NAME	ratner, carole H.		1.2 NAME	
STREET ADDRESS	5313 NORTH STATE RD 7		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL		14 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2 ! TITLF	☐ Change ☐ Addition
NAME	RATNER, ROBERT		2 2 NAME	
STREET ADDRESS	5313 NORTH STATE RD 7		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL		2 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CITY - ST - ZIP			3.4 C+TY - ST - ZIP	
TITLE		□ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			44 CITY - ST - ZIP	
THILE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY - ST - ZIP	
TITLE		□ DELETE	6 1 THILE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - 2IP			6.4 CITY - ST - 7IP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 of justee employeered to execute the report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an

SIGNATURE:

Zip Code