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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L76368

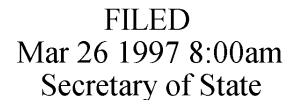
(4)

DARRA ENTERPRISES OF PORT ORANGE, INC.

Principal Place of Business

Mailing Address

25 WENDY IN





PORT ORANGE FL 32118				PALM COAST FL 32164-7825								
									3. Date Incorporated or Qualified 05/30/1990	3a. Date of La 05/28/199		
2. Principal Place of Business					2a. Mailing Address				4. FEI Number		Applied For	
21					26				59-3013740		Not Applicable	
Suite, Apt. #, etc.				27					5. Certificate of Status Desired	126.	5 Additional Required	
City & State				 	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country				28	Zip Country				Trust Fund Contribution Added to Fees			
24	ŀ	25	one y	29	1 '	30		,	8. This corporation has liability for i	ntangible tax unda ] Yes 🏿 No	or s. 199.032,	
			ddress of Curre			1501	Ϊ		10. Name and Address of New Re			
ALLI	MON, DONI						81	Name				
25 WENDY LN							82	Ctroot Ad	ldress (P.O. Box Number is Not Acceptate			
PALM COAST FL 32164								Siledi Ad	udress (F.O. Box Number is Not Acceptab	ie)	A 44 -4-1-1	
							83					
							84	City		FL 85 7	ip Code	
11. Pursuant office or r	to the provisi registered as	ons of	Sections 607.050 both, in the State	2 and 6 of Flori	607.1508, Florida Stat rida. Such change was	utes, the a s authorize	bove d by	e-named co the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changir	g its registered as registered	
	am tamiliar wi	yn, and	accort theyoble	stions of	oi, Section 607.0505, i	Horida Sta	lutes	\$. <sub>.</sub>		3-20-97	_	
SIGNATURE	Signaluic, typed	or printed	name of registered ag	out and title	le it applicable. (N	OH : Registere	d Age	ent signature rec	quired when reinstating)	DATE		
12.			OFFICERS AN	D DIRE	and the second of the second of the second of	13.			ADDITIONS/CHANGES TO OFFIC		· · · <del>- · · · · · · · · · · · · · · · ·</del>	
TITLE	P	<b>561</b> 11			DELETE	1.111	11.6			Chan	ge 🔲 Addition	
NAME	ALLMON,		IA V.			1.2 N						
STREET ADDRESS	25 WEND PALM CO		1 22104					ADDRESS				
CITY-ST-ZIP TITLE	PALM CO	MOI F	L 32104		DELETE	1.4 Cl 2 1 Tl		T-7IP		T Chan	no I Addition	
NAME					LJ DUCAL	2 t II		1		L Chan	ge LJ Addition	
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP								S1-ZIP				
TITLE					DELETE	3.1 TI		21. 211		☐ Chan	ge Addition	
NAME						3.2 N/	AMÉ				,	
STREET ADDRESS						3.3 S1	REET	ADDRESS				
CITY-ST-ZIP						3.4. C	ITY-S	67-7IP				
TITLE				,	DITETE	4.1 71	1LE			Chang	ge 🔲 Addition	
NAME						4. 2 N	AME					
STREET ADDRESS						4.3 S1	RELI	ADDRESS				
CITY-ST-ZIP						4.4.CI		1 - 71P		·		
TITLE					DELETE	5 1 1r				Chang	gc [_] Addition	
NAME						52 N/		1	60000212 -03/26/970111	2-050		
STREET ADDRESS	5 Oc. 10							ADDRESS	***173.75	<u>~</u> "∪⊆∪		
CITY-ST-ZIP TITLE		· •			DELETE	5.4 CI		1 - ZIP	anna (Galo		a Januara	
NAME					ר ח הרנכונ	6.1 10				Chang	je 🔲 Addition	
STREET ADDRESS						6.2 NA		ADDOLOG				
						1		ADDRESS			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CITY-ST-ZIP						6.4 CI	1Y - S1	1 - ZIP [			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

14. I do 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 logal effect as if made under 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.