

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65619

(2)

1. Corporation Name

D ASSOCIATES, INC.

Principal Place of Business

7042 STAPOINT COURT
WINTER PARK FL 32792

Mailing Address

7042 STAPOINT COURT
WINTER PARK FL 32792



3. Date Incorporated or Qualified

01/25/1988

3a. Date of Last Report

05/22/1995

4. FEI Number

59-2878575

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DULIN, RAMSEY W., ESQ.
201 E. PINE ST.
SUITE 1402
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

DINNAN, JACK

1.2 NAME

STREET ADDRESS

2855 SMU BLVD.

1.3 STREET ADDRESS

CITY - ST - ZIP

ORLANDO FL 32817

1.4 CITY - ST - ZIP

TITLE

VP

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

DINNAN, ALAN

2.2 NAME

STREET ADDRESS

309 S.E. 34TH AVENUE

2.3 STREET ADDRESS

CITY - ST - ZIP

BOYNTON BEACH FL 33435

2.4 CITY - ST - ZIP

TITLE

T

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

DINNAN, EDITH

3.2 NAME

STREET ADDRESS

2855 SMU BLVD.

3.3 STREET ADDRESS

CITY - ST - ZIP

ORLANDO FL 32817

3.4 CITY - ST - ZIP

TITLE

S

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

DINNAN, EILEEN

4.2 NAME

STREET ADDRESS

3218 CARNINE DRIVE

4.3 STREET ADDRESS

CITY - ST - ZIP

ORLANDO FL 32806

4.4 CITY - ST - ZIP

TITLE

☐ 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 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

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 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK DINNAN PRES 2-28-96

Date

Daytime Phone #

CR2E034 (12/95)