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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS M66416 DOCUMENT # (2) Corporation Name DARGIE, INC. Principal Pace of Business Mailing Address 625 E. LAS OLAS BLVD. 625 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1988 02/22/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0046770 Not Applicable 21 26 Suite Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KARLL, DARIA Street Address (P.O. Box Number is Not Acceptable) 82 3400 GALT OCEAN DRIVE #210-S 83 FT. LAUDERDALE FL 33308 City 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 (NCIFE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition **PST** 1 | TITLE THILE KARLL, DARIA 1.2 NAME NAME 3400 GALT OCEAN DR.#210S 1.3 STREET ADDRESS STREET AFORESS FT. LAUDERDALE FL CHY ST ZIP 1.4 CITY - ST-ZIP Addition DELETE Change 2 1 TIFLE TILLE 2.2 NAME NAME KARLL, DARIA STREET ADDRESS 3400 GALT OCEAN DR.#210S 2.3 STREET ADDRESS FT. LAUDERDALE FL 24 CHTY-ST-ZIP CHY-ST-ZIP DECE TE Change Addition 3 1 THILE 101.4 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY - ST - ZIP CHY-ST-208 Addition DELETE filli 4 1 Till E 4.2 NAME NAMU 43 STREET ADDRESS STREE! ADDRESS 44 CHTY - ST - ZIP CHY-ST-ZIP DELETE Change ☐ Addition 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ASSORESS

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

64 City - ST- ZIP 14. I do heretry certify that the information exceeds with this filing is voluntarily furnished and does not cualify for the execution stated in Section 119.07(3)(k). Florida Statutes. I further certry that the information indicated on this altitude report or experimental annual proof is true and course and that the signature shall have the same legal effect as if made under eath; that I am an officer or proof or the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6 1 TITLE

6.2 NAME

DELETE

ort or expose... or the receiver of truste ment with an addr

SIGNATURE:

CHY-ST-ZIF

STEEL ADDRESS

appears in Block 12 or E

THE

NAME

Change

☐ Addition

CR2E034 (12/95)