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FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N96000005931 (8)**

1. Corporation Name

DISABLED ASSISTING DISABLED, INC.

Principal Place of Business

Mailing Address

**5115 N.W. 28TH AVE.
FORT LAUDERDALE FL 33309**

**5115 N.W. 28TH AVE.
FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIGLE, KYLE LEWIS ESQ.
100 S.E. 2ND STREET
17TH FLOOR
MIAMI FL 33131**

81 Name

WILLIAM J. NORKKUNAS

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

5115 N.W. 28 AVENUE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

William J. Norkkunas

(NOTE: Registered Agent signature required when reinstating)

2-5-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **BROWN, JOHNNY**
STREET ADDRESS **201 W. BROWARD BLVD.-DISTRICT 10**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE

NAME **GUY, ANDREA MS.**
STREET ADDRESS **201 W. BROWARD BLVD.-DISTRICT 10**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **PD** ☐ DELETE

NAME **HOLCOMBE, WILL DR.**
STREET ADDRESS **225 E. LAS OLAS BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **ED** ☒ DELETE

NAME **JACKSON, MASON**
STREET ADDRESS **330 N. ANDREWS AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **PD** ☐ DELETE

NAME **MACONNELL, ROBERT**
STREET ADDRESS **1300 SOUTH ANDREWS AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☐ DELETE

NAME **NORKKUNAS, WILLIAM J**
STREET ADDRESS **5115 N.W. 28TH AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William J. Norkkunas

2-5-98

484-7149

CP2E037 (10/97)