

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90004 029 \*\*\*\*61.25

**DOCUMENT # N96000005931**

1. Corporation Name

**DISABLED ASSISTING DISABLED, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**11/20/1996**

4. FEI Number

**65-0725373**

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

9. Name and Address of Current Registered Agent

**WILLIAM J NORKUNAS**  
**5115 NW 28TH AVE**  
**FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**  
**BROWN, JOHNNY**  
**201 W. BROWARD BLVD.-DISTRICT 10**  
**FORT LAUDERDALE FL 33301**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**  
**GUY, ANDREA MS.**  
**201 W. BROWARD BLVD.-DISTRICT 10**  
**FORT LAUDERDALE FL 33301**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**  
**DECOSTE, LINDA M**  
**26719 N.W. 51 PLACE**  
**TAMARAC FL 33309**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**  
**MOORE, ANDREA ESQ**  
**10665 N.W. 7 PLACE**  
**CORAL SPRINGS FL 33071**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**  
**NORKUNAS, WILLIAM J**  
**5115 N.W. 28TH AVE.**  
**FORT LAUDERDALE FL 33309**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

**MISPELLED**

**NORKUNAS, WILLIAM J**

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, with all other like empowered.

SIGNATURE:

**WILLIAM J NORKUNAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-99**

Date

**954-484-7149**

Daytime Phone #

CR2E037 (11/98)

0037071