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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

2a. Mailing Address

3. Date Incorporated or Qualified
11/20/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0725373

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME DECOSTE, LINDA M
STREET ADDRESS 26719 N.W. 51 PLACE
CITY-ST-ZIP TAMARAC FL 33309

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME MOORE, ANDREA ESQ
STREET ADDRESS 10665 N.W. 7 PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME NORKUNAS, WILLIAM J
STREET ADDRESS 5115 N.W. 28TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33309

5.1 TITLE Change Addition
5.2 NAME MISPELLED
5.3 STREET ADDRESS NORKUNAS, WILLIAM J
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99

Date

954-484-7149

Daytime Phone #

CR2E037 (11/98)