

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90075 017 \*\*\*150.00

DOCUMENT # P17500

1. Corporation Name

DAR-CARS, LTD., INC.

Principal Place of Business

1672 CASSAT AVENUE  
JACKSONVILLE FL 32210  
US

Mailing Address

P.O. BOX 9126  
SILVER SPRING MD 20916-9126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1988

4. FEI Number

52-1245481

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 owes the current year Intangible  
Personal Property Tax.

☐ 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

SAFER, ELIOT J

~~3974 WOODCOCK DRIVE~~

~~STE. 100~~

JACKSONVILLE FL 32207

81 Name

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

4925 Beach Blvd.

83

84 City Jacksonville

FL

85 Zip Code 32207

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 PD ☐ DELETE

NAME DARMISH, JOHN R.  
STREET ADDRESS 9020 LANHAM-SEVERNE ROAD  
CITY-ST-ZIP LANHAM MD

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME NOELL, GEORGE D.  
STREET ADDRESS 9020 LANHAM-SEVERNE ROAD  
CITY-ST-ZIP LANHAM MD

1.2 NAME ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME HUDSON, EARL  
STREET ADDRESS 1672 CASSAT AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME HOSEA, STEPHEN C.  
STREET ADDRESS 6411 IVY LANE, S-200  
CITY-ST-ZIP GREENBELT MD

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DARMISH, JUDITH  
STREET ADDRESS 12210 CHERRY HILL ROAD  
CITY-ST-ZIP SILVER SPRINGS MD

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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: *Earl C. Hudson* SEC/TREAS

1/18/99 (904) 384-6561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)