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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000053685 1. Corporation Name

DARIUS PROPERTIES, INC.

FILED Apr 25, 1999 8:00 am Secretary of State 04-25-1999 90020 001 *6,361.25



Principal Pace	of Business	Mailing Address					 	ištit šķiti adt	.e. 41188 (1)	(9 W)	M:m: A:() (20)	
•	CENTER DRIVE WEST	877 EXECUTIVE CENTER	DRIVE WE	ST								
SUITE 303		SUITE 303				DO NOT WRITE IN THE CRACE						
ST. PETERSBURG FL 33702		ST. PETERSBURG FL 33702				3. Data li	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						1	•					
<u> </u>		To Mailing Address	_			4. FEI N	3/1993			T And	lied For	
2. Principal Place of Business		2a. Mailing Address						-	\rightarrow	Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3 194595			\$8.75 Additional			
	#, etc.					5. Certifo	ate of Status Desired			ee Re		
City & State		City & State	_			6 Floatic	n Campaign Financing			5 00	Agy Bo	
	=	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip Cour.try		Zip Country					prporation owes the cu	rrent vear				
24	25	29	30	ĺ			al Property Tax.		X		⊒No	
	9. Name and Address of Current		1001				and Address of New	Registere	d Agent			
				81	Name	-	·					
MASCARA, ERNEST L				82 Street Address (P.O. Bo) Number is Not Acceptable)				tabla)				
	EXECUTIVE CENTER DRIVE WES	Τ		82	Street A	alaress (P.O. Bo)	Number is Not Accep	(able)				
SUIT	E 303			83								
	PETERSBURG FL 33707											
				84	City			F	85	Zip C	ode	
11 Purcus nt	to the provisions of Sections 607.0502	and 607 1508 Florida Statu	tes the a	bove bove	-named c	corporation submi	s this statement for the	e nurnose	of chang	ing its	egistered	
office crrs	egistered agent, or both, in the State of m familiar with, and accept the obligat	if Florida. Such change was	authorized	ו עם נ	ine corbor	ration's board of	lirectors. I hereby acco	ept the app	ointment	as reg	istered	
SIGNATUFE								DATE				
40	Signature, typed or printed name of registered agent		13.	Agent	signature rec	quired when reinstating))NS/CHANGES TO O		AND DIR	FCTO	RS IN 12	
12.	PTS	DELETE	1.1 TI	TI F				77702.10		nange	Addition	
		El berrie	1.2 N							•	_	
NAME	BAGHER, ASHRAF 1252 COVERSTONE COURT		1		ADDRESS							
STREET ADDRESS												
CITY-ST-ZIP	OLDSMAR FL 34677		2.1 TI	ITY-ST	-2IP	_				nange	Addition	
TITLE		C) OFFETE 4	2.1 H		1							
NAME					4.000.00							
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP			_	TY-S	T-ZIP					nange	Addition	
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NAME !			32 N									
STREET ADDRESS					ADDRESS							
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TITLE			4.1 ⊞							nange	Addition	
NAME			4. 2 N	IAME	ļ							
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CITY-ST-ZIP		. <u> </u>	44C	ITY-ST	-ZIP							
TITLE		☐ DELETE	5.1 TI		1				□ CI	nange	Addition	
NAME			5.2 N	AME								
STREET ADDRESS			5.3 S	TREET	ADDRESS							
CITY-ST-ZIP			5.4 C	ITY-ST	-ZIP							
TITLE		☐ DELETE	6.1 TI	TLE					□cı	nange	Addition	
NAME			6 2 N	AME								
STREET ADDRESS			6.3 S	TREET	ADDRESS							
CITY-ST-ZIP			64C	ITY-ST	-ZIP							

14. I hereby certify that the information supplied with this filling 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 recuired 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.

SECNIATURE:

Bright

SECNIATURE:

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR President

Daytime Phone #