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FILED
Aug 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000069570 (8)

1. Corporation Name

DAYMAR SERVICE CORPORATION

Principal Place of Business

P.O. BOX 222
LITTLE SILVER NJ 07739

Mailing Address

%ACCOUNTING & BUSINESS CONSULTANTS INC.
790 E. BROWARD BLVD. #302
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1993

4. FEI Number

65-0441040

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

25

2a. Mailing Address

26 P.O. Box 222

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

29 07739

30

9. Name and Address of Current Registered Agent

BARRETT, DAVID
% ACCTG & BUS CONSLS
790 E BROWARD BLVD #302
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name DAVID BARRETT % ACCT. & BUS CONS.
82 Street Address (P.O. Box Number is Not Acceptable)
83 17 ROSE DR
84 City FORT LAUDERDALE
85 Zip Code 33316

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

TITLE D
NAME BARRETT, DAVID L
STREET ADDRESS P.O. BOX 222 N/A
CITY-ST-ZIP LITTLE SILVER NJ 07739

TITLE D
NAME DILASCIA, MARY ANN
STREET ADDRESS P.O. BOX 222 N/A
CITY-ST-ZIP LITTLE SILVER NJ 07739

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: David Barrett el. 100 #732-BA2-7640

CR2E034 (10/97)