

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90012 004 \*\*\*550.00

DOCUMENT # **P93000069570**

1. Corporation Name

**DAYMAR SERVICE CORPORATION**

Principal Place of Business

Mailing Address

P.O. BOX 222  
LITTLE SILVER NJ 07739

P.O. BOX 222  
LITTLE SILVER NJ 07739  
US

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **757 SE 17th ST**

2a. Mailing Address

26 **757 SE 17th ST**

Suite, Apt. #, etc.

22 **PMB 779**

Suite, Apt. #, etc.

27 **DMB 779**

City & State

23 **FT. LAUDERDALE, FL**

City & State

28 **FT. LAUDERDALE, FL**

Zip

24 **33316**

Country

25 **USA**

Zip

29 **33316**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**BARRETT, DAVID**  
**C/O ACCT & BUS CONS**  
**17 ROSE DR**  
**FORT LAUDERDALE FL 33316**

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 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** ☐ DELETE

NAME **BARRETT, DAVID L**

STREET ADDRESS **P.O. BOX 222 N/A**

CITY-ST-ZIP **LITTLE SILVER NJ 07739**

TITLE **D** ☐ DELETE

NAME **DILASCIA, MARY ANN**

STREET ADDRESS **P.O. BOX 222 N/A**

CITY-ST-ZIP **LITTLE SILVER NJ 07739**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

**PRES** ☒ Change ☐ Addition

**BARRETT, DAVID L**

**PMB 779 757 SE 17th ST**

**FT. LAUDERDALE, FL 33316**

**VP** ☒ Change ☐ Addition

**DILASCIA, MARY ANN**

**PMB 779 757 SE 17th ST**

**FT. LAUDERDALE, FL 33316**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID BARRETT 7/24/99 732-842-7640**

Date Daytime Phone #

CR2E034 (5/99)