

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000002910 (5)

1. Corporation Name
DASR, INC.



Principal Place of Business

1789 WEST MAIN STREET
INVERNESS FL 34450

Mailing Address

1789 WEST MAIN STREET
INVERNESS FL 34450

3. Date Incorporated or Qualified

01/08/1994

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

4. FEI Number

59-3020329

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMATO, SANDRA A.
1462 EAST ST. JAMES LOOP
INVERNESS FL 34453

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 in Block 9, and Block 12)

NOTE: Registered Agent signature is required when not stating

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME AMATO, SANDRA A LOOP
STREET ADDRESS 1462 E. ST. JAMES LUKE
CITY-STATE-ZIP INVERNESS FL

TITLE D ☒ DELETE

NAME PAGELS, ROBERT E LOOP
STREET ADDRESS 1462 E. ST. JAMES LUKE
CITY-STATE-ZIP INVERNESS FL

TITLE D ☐ DELETE

NAME PAGELS, DONALD H
STREET ADDRESS PAGELS, DONALD H LOOP
CITY-STATE-ZIP INVERNESS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME AMATO, SANDRA A.
1.3 STREET ADDRESS 1462 E. ST. JAMES LOOP
1.4 CITY-STATE-ZIP INVERNESS, FL 34453

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME PAGELS, DONALD H
3.3 STREET ADDRESS 742 W. BUTTON BUSH DR
3.4 CITY-STATE-ZIP BEVERLY HILLS, FL 34446

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/25/96

352-795-1106

CR2E034 (12/95)