## 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

## DOCUMENT # **P94000040826**

DARLEANA ENTERPRISES, INC.

	••							
Principal Place of Business Mailing Address						r radicinal con seric minus naise dazle decis and	ı bitin öğlar (Dil	'D IISIA RIII IBUL
600 LUNDY RD. 600 LUNDY RD. AUBURNDALE FL 33823 AUBURNDALE FL 33823						DO NOT WRITE IN THI	S SPACE	:
}	·				-	3. Date Incorporated or Qualifed 06/01/1994		
2. Principal Place of Business 2a. Mailing Address 25						4. FEI Number 69-3246066		opplied For lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			· <u> </u>		5. Certificate of Status Desired   \$8.75 Additio  _Fee Required			
City & Stal	28					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country Zip Cou  25 29 30					This corporation owes the current year In Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent				N:	ame	10. Name and Address of New Registered	I Agent	
PREAST, DARLEANA D						s (P.O. Box Number is Not Acceptable)	<del> </del>	
AUBURNDALE FL 33823								1 012 011 1011 1 012 011 1011
				Ci	ity		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.								s registered egistered
SIGNATURE Signature. Special planted interior of regional control title if applicable. (NOT): Registered Agent signature required which reinistanting):  DATE								
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME	PREAST, DARLEANA D		1.2 NAME			•		*
			1.3 STREET	ADDF	RESS			
CITY-ST-ZIP	AUBURNDALE FL 33823	T or or	1.4 CITY-ST	-ZIP				F-3
TITLE	•		2.1 TITLE		1		Change	Addition
NAME	2.2 N/							
STREET ADDRESS				ADDF				
CITY-ST-ZIP			2.4 CITY-S' 3.1 TITLE	I-ZIP			Change	Addition
NAME			32 NAME					
STREET ADDRESS			3.3 STREET	ADDE	RESS			
			3.4. CITY-S					
TITLE			4.1 TITLE				☐ Change	Addition
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STREET ADDRESS	ts viet		4.3 STREET	ADDR	RESS			
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		·		
TITLE	is	☐ DELETE	5.1 TITLE				Change	☐ Addition }
NAME			5.2 NAME			•		
STREET ADDRESS	· ·		5.3 STREET		ŒSS		•	J
CITY-ST-ZIP			5.4 CITY-ST 6.1 TITLE	- ZIP		·	[ ] Change	
III LE I	process of the second s	IIUELEIE	WILL WILL		1		i i Unance.	☐ Addition I

6.4 CITY-ST-ZIP 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE**:

NAME

STREET ADDRESS

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90007 008 \*\*\*150.00