


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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90050 026 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000041152</b>					
1. Corporation Name <b>DOMART CORPORATION</b>					
Principal Place of Business <b>DINNER KEY MARINA PIER 6, SLIP 60 3400 PAN AMERICAN DR. DANIA FL 33133</b>			Mailing Address <b>DINNER KEY MARINA PIER 6, SLIP 60 3400 PAN AMERICAN DR. DANIA FL 33133</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1222 N.E. 4th AVENUE		05/29/1994	
22 City & State		27		4. FEI Number	
23		28 FT-LAUDERDALE, FL 33304		65-0497612	
24 Zip		29 33304		5. Certificate of Status Desired	
25 Country		30 USA		8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CHARTRAND, ROGER DINNER KEY MARINA, PIER 6, SLIP 60 3400 PAN AMERICAN DRIVE MIAMI FL 33133			81 Name Marc Labossiere		
			82 Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 4th Ave		
			83		
			84 City FT-Lauderdale		
			85 Zip Code 33304		
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 <u>Marc Labossiere</u> DATE <u>01/7/99</u>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	CHARTRAND, ROGER				
STREET ADDRESS	3400 PAN AMERICA DR., PIER 6, SLIP 60				
CITY-ST-ZIP	DANIA FL 33133				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
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TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/>					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/99

Date

954-763-4214

Daytime Phone #