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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000016678 (1)**

1. Corporation Name
DAR INDUSTRIES INC.

Principal Place of Business
11 N. CAROL PARKWAY
MARGATE FL 33068

Mailing Address
11 N. CAROL PARKWAY
MARGATE FL 33068-1917

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **02/27/1995**

3a. Date of Last Report: **09/13/1996**

4. FEI Number: **65-0561128** [ ] 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. Does corporation have liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
REYNOLDS, DEAN A
11 N. CAROL PARKWAY
MARGATE FL 33068

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 Section 607.0505 and 607.1908, 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. The corporation is authorized by the corporation's board of directors to make this change. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: A. Dean Reynolds 4-22-97
(Required) (Date)

12. OFFICERS AND DIRECTORS

TITLE: O
NAME: REYNOLDS, DEAN A
STREET ADDRESS: 11 N. CAROL PARKWAY
CITY-ST-ZIP: MARGATE FL 33068
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP [ ] Change [ ] Addition
25 TITLE / 26 NAME / 27 STREET ADDRESS / 28 CITY-ST-ZIP [ ] Change [ ] Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP [ ] Change [ ] Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP [ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP [ ] Change [ ] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP [ ] Change [ ] Addition

14. I do 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 report or supplemental requirements to delete reports are 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 above, or on an attachment with an address.

SIGNATURE: Per Dean Reynolds 4-22-97 954-420-1483
(Required) (Date) (Area Code & Daytime Phone Number)

CR2E084 (8/96)