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

**PROFIT CORPORATION ANNUAL REPORT** 

1996



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

**DOCUMENT #** 

1. Corporation Name

P95000019217 (5)

DARIMASTER'S, INC.									
Dala da al Bira	-10								
Principal Place		Mailing Address							
			i. 130th ave. Tion Fl. 33325						
						2 Data to a constant of O with at 1	5		
						3. Date Incorporated or Qualified 3. 03/09/1995	Ba. Date ∈	or Last H	eport
2. Principal Pla	ce of Business	2a, Mailing Address				4. FEI Number		<b>-</b> T-T	Applied For
21		26			65-0567874			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & State		City & State			Fee Required  6. Election Campaign Financing \$5.00 May Re				
23		28					]		IO May Be
Zip Country		Zip Country		***************************************	8. This corporation has liability for inta	ngible tax			
24	25 9. Name and Address of Currer	29	30			Florida Statutes [] Yes [			
	g, Halle and Address of Curren	it negistered Agent	81	T	Name	10. Name and Address of New Regi	Stered A	gent	
HOPE, CHRISTOPHER W				_		/DO David and a Market state			
	/. 130TH AVE.		82	1	Street Addres	Address (P.O. Box Number is Not Acceptable)			
PLANTA	TION FL 33325		83	+				-	
			84	+-	City			<b>85</b> Zi	ip Code
44 0	10-11-10-10-10-10-10-10-10-10-10-10-10-1	0 10074500 5		ı	•		FL		•
or registere	ed agent, or both, in the State of Flori	ida. Such change was authoriz	red by the cord	na Xor	amed corporat ration's board	ion submits this statement for the purpos of directors. I hereby accept the appoint	se of chan ment as r	iging its i egistered	registered office d agent. I am
	n, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	S.						
SIGNATURE _	Signature, typed or printed harne of registered agent	t and title it applicable. (NK	OTE: Rogistered Age	nt s	signature requireo v	Mien reinstäting)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D HODE CHRISTORIER W	DELETE	1. 1 TITLE			•		Change	☐ Addition
NAME OTDEET ADDRESS	HOPE, CHRISTOPHER W 360 N.W. 130TH AVE.		1.2 NAME						
STREE1 ADDRESS CITY-ST-2IP	PLANTATION FL 33325		1.3 STREET		<b>[</b>				
TITLE	D DELETE 2.1		1.4 City - 9 2. 1 Title		· ZIP			Change	☐ Addition
NAME	HOPE, CLIFFORD A	<del></del>	2.2 NAME						<u></u>
STREET ADDRESS	360 N.W. 130TH AVE.		2.3 STREET	T AI	JOORESS				
CITY-ST-ZIP	PLANTATION FL 33325	· · · · · · · · · · · · · · · · · · ·	2 4 CITY - 5	ST-	- ZIP				
TITLE	D Hope, patricia v	☐ DEFETE	3. 1 TITLE	i				Change	Addition
NAME STREET ADDRESS	360 N.W. 130TH AVE.		3.2 NAME		ADDRESS				
CITY+ST-ZIP	PLANTATION FL 33325		3.3 STREE 3.4 CITY - 5						
TITLE		[] DELETE	4. 1 THILE	**	- 20			Change	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET	I AI	DORESS				•
CITY-ST-ZIP			4.4 CITY - 9	\$1-	- ZIP				
TITLE		DELETE	5 1 TITLE					Change	☐ Addition
NAME STREET ADDRESS			5.2 NAME		1000000				
CITY-ST-ZIP			5.3 STREET 5.4 CITY - S		[				
TITLE		DELETE	6. 1 TITLE		-211			Change	☐ Addition
NAME			6.2 NAME					-	<del></del>
STREET ADDRESS			6.3 STREE	ΙA	DDRESS .				
CITY-ST-ZIP	1/E . 4/L . 1 . 1 . 7 . F	11 11 2 61 2 2 2 2	6.4 CITY - S				A.F. 1		<del>,</del>
certify that	the information indicated on this ann	Jal report or supplemental ann	hual report is tro	ue	and accurate	the exemption stated in Section 119.07( and that my signature shall have the sar	ne legal e	ffect as i	if made under
oath; that I	am an officer or director of the corne Block 12 or Block 13 it changed, in	oration or the receiver or truste	e empowered	to	execute this	report as required by Chapter 607, Florid	a Statutes	s; and th	at my name
		14/1/1 a							
SIGNATURE: CLIFFORD A. HOPE 4-26-96 954-472-7767  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Delta Desprine Proces									