

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037209 (0)

1. Corporation Name

BARDAN CORP.

Principal Place of Business

1700 N. DIXIE HWY., #100
BOCA RATON FL 33432

Mailing Address

1700 N. DIXIE HWY., #100
BOCA RATON FL 33432



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MOORE, W. RODGERS
4800 N. FEDERAL HWY.
STE. 210-A
BOCA RATON FL 33431

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

4. FET Number

65-057-9068

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

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 of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
MOFFITT, DANIEL E
STREET ADDRESS
9774 D, BOCA GARDENS CIRCLE, N.
CITY-STATE-ZIP
BOCA RATON FL 33496

TITLE ☐ DELETE

NAME
D
MOFFITT, BARBARA L
STREET ADDRESS
9774 D, BOCA GARDENS CIRCLE, N.
CITY-STATE-ZIP
BOCA RATON FL 33496

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-338-8707

CR2E034 (12/95)