**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



P95000055578

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 29, 1999 8:00 am **Secretary of State**

03-29-1999 90044 012 \*\*\*150.00

D & A ENTERPRISES OF LANTANA, INC. Principal Place of Business Mailing Address 3246 LANTANA ROAD 3246 LANTANA ROAD LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/17/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 26 65-0590028 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country This corporation owes the current year Intangible Zip Country Zip □No ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PAGLIARULO, APRIL Street Address (P.O. Box Number is Not Acceptable) 82 3246 LANTANA ROAD LANTANA FL 33462 83 Zip Code 85 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2F034 /11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME PAGLIARULO, APRIL NAME **108 PARKLANE E** 1.3 STREET ADDRESS STREET ADDRESS HYPOLUXO FL 33462 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE GOLDBERG, DARRYL 2.2 NAME NAME 108 PARK LANE E 2.3 STREET ADDRESS STREET ADDRESS HYPOLIXO FL 33462 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4,1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-966-2111