PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075251

1. Corporation Name

DARMAR ENTERPRISES OF SOUTH FLORIDA, INC.

						<u> </u>		DILLE: DILLE:
Principal Place	e of Business	Mailing Address					.	
12614 TORBAY DRIVE 12614 TORBAY DRIVE								
BOCA RATON I	FL 33428	BOCA RATON FL 33428	***			DO NOT WRITE IN THIS	SPACE	
US		US				3. Date Incorporated or Qualifed	OI AGE	
						09/29/1995		
2 Daineinal Di	and of Divisional	2a. Mailing Address				4. FEI Number	An	plied For
-	ace of Business	H *				65-06 16802	<u> </u>	t Applicable
21	4	Suite, Apt. #, etc.				0370010002	\$8.75 A	
Suite, Apt.:	#, etc.	<u> </u>				5. Certifcate of Status Desired	Fee Re	
22		City & State	•••					7
City & State) 	ستعجر فتأنعه والانت		-==		6, Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	May Be
23	Country	28	Cou	ntn.				31003
Zip	_ ′	— ·	30	ı ıtı y		This corporation owes the current year Int Personal Property Tax.	angible □Yes .	MNo
4	25	29	[30]			10. Name and Address of New Registered	<i>-</i>	
····	9. Name and Address of Curre	int Registered Agent		81	Name	IV. Haine and Address of their Registered		
PAR	INSON, DANIEL			٠.				
12614 TORBAY DRIVE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33428								
ВОС	A RATUN PL 33426			83				
				84	City		85 Zip C	ode
					,	oration submits this statement for the purpose of	.	
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.0505, Fi	iorida Stati	ıtes		on's board of directors. I hereby accept the appoi		jistered ———
12.		AND DIRECTORS	13.	r go.	n agnatoro regare	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	VSD	DELETE	1.1 30	R F		7,00110101010101010101010101010101010101	Change	Additio
NAME 5	ROBINSON, MARLYN	74	1.2 N					
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STREET ADDRESS.			- 1					
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NAME	ROBINSON, DANIEL		2.2 NA		K	OBINSON, DANIEL		
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CITY-ST-ZIP	BOCA RATON FL		2.4 C		T-ZIP 5	UCH KATON, FC. 33700		□ Additio
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NAME				WE			<u> </u>	نى <u>نىنىت سى</u>
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CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TF	TLE			Change	Addition Addition
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REE	T 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

561-852-8775

☐ Change

☐ Addition

Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90180 031 ***150.00