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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000077973 (2) **DOCUMENT #**

DOUANGDARA, INC.							
Principal Place of	f Business	Mailing Addres	S	··- 		ilek du nik du kka 1901/ 100	18 1841) 1 0036 1111 1881
361 NW 38TH		361 NW 38					
					3. Date Incorporated or Qualified 10/06/1995	3a. Date of La	st Report
2. Principal Plac	e of Business	2a. Mailing Add	dress		4. FEI Number		Applied For
1 4345 N. STATE RD 7		26	26		65-0610579		Not Applicable
Suite, Apt. #, etc.		F	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	.75 Additional ee Required
City P State		City & State			6 Floation Compaign Francing		
3	DALE LAKES , FL	28		····	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032.		
Zip 33319	Country	Ζιρ 29	30	untry		intangible tax unde No	ors 199.032,
33319	25 g. Name and Address of Currer		·	T	10. Name and Address of New F		
	4.			81 Name			
DOUANG	GDARA, ANTHONY S			82 Street Addr	ess (P.O. Box Number is Not Acceptal	ole:	
	38TH PL			Street Apor	699 ft O. DON HUMBER IS MOT MODERICAL		
	NO BEACH FL 33064						
				84 City		85	Zip Code
•					ation submits this statement for the pu	FL∫	
12.	gnature typed or pricted numbro' registered age: OFFICERS AN	Tand blic days leade ID DIRECTORS	13	al Agar Esignatum require	d when renstating! ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRE	
TITLE NAME	DOUANGDARA, ANTHONY	_		NAME			
STREET ADDRESS	361 NW 38TH PL	•	1.3 5				
CITY-ST-ZIF	POMPANO BEACH FL 330	64		CITY - S1 - ZIP			
TITLE	D	□ Df	ELETE 2.1	TITLE		☐ Cha	nge 🔲 Addition
NAME	DOUANGDARA, VIRAVANH		2?	NAME			
STREET ADDRESS	361 NW 38TH PL		23	STREET ADDRESS			
CITY-ST-ZIF	POMPANO BEACH FL 330			CITY-ST-ZIP		[] Cha	nge El Addition
TITLE		□ 0:	1	THE	. minuser	☐ Cha	nge 🔲 Addition
NAME CINCEL ADDRESS				STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIF	-			CITY - S1 - ZIP			
THILE		DI 🗀		TITLE		☐ Cha	nge 🔲 Addition
NAME			42	NAME			
STREET ADDRESS			4.3	STREET ADDRESS			
CITY-ST-ZIP		··		CHTY ST-ZIP			
TITLE		□ Di		LTIFLE		Cha	inge 🔲 Addition
NAME				NAME			
STREET ADDRESS				STREET ADORESS	<u></u>		_
CITY-ST-ZIF				CITY-S1-ZIP	6000017 -04/11/9601	755B	inge Addition
NAME		LJU		NAME '	-04/11/9601	U48UD4°``	
STREET ADDRESS				STREET ADDRESS	** *20 0.00		
City-St-ZiP			6.4	City-ST-ZP			
14. I do hereby certify that I oath: that I	the information indicated on this are	iual report or supplen loration or the receive	nental annual repor or or trustee empow	t is true and accura	for the exemption stated in Section 119 ate and that my signature shall have the iis report as required by Chapter 607, F	e same legal errect	as it made univer-

SIGNATURE: