

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000079869 (0)

1. Corporation Name  
**DARAFFAIRS INC.**



Principal Place of Business: 5237 CONKLIN DRIVE DELRAY BEACH FL 33484  
Mailing Address: 5237 CONKLIN DRIVE DELRAY BEACH FL 33484

3. Date Incorporated or Qualified: 10/13/1995  
3a. Date of Last Report: N/A  
4. FEI Number: 65-0619852  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNOR, DARA S  
5237 CONKLIN DRIVE  
DELRAY BEACH FL 33484

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

FL

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: *Dara S. O'Connor* (Signature, typed or printed name of registered agent and the filer if applicable) DATE: 4-10-96 (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>XXXXXXXXXXXXXXXXXXXX</del>	<input type="checkbox"/> DELETE
NAME	<del>XXXXXXXXXXXXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXXXX</del>	
CITY - ST - ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del>	
TITLE	<del>XXXXXXXXXXXXXXXXXXXX</del>	<input type="checkbox"/> DELETE
NAME	<del>XXXXXXXXXXXXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXXXX</del>	
CITY - ST - ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del>	
TITLE	<del>XXXXXXXXXXXXXXXXXXXX</del>	<input type="checkbox"/> DELETE
NAME	<del>XXXXXXXXXXXXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXXXX</del>	
CITY - ST - ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del>	
TITLE	<del>XXXXXXXXXXXXXXXXXXXX</del>	<input type="checkbox"/> DELETE
NAME	<del>XXXXXXXXXXXXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXXXX</del>	
CITY - ST - ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del>	

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DARA S O'CONNOR	
1.3 STREET ADDRESS	OWNER/PRES.	
1.4 CITY - ST - ZIP	5237 CONKLIN DR.	
2.1 TITLE	DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001783338	
5.3 STREET ADDRESS	-04/17/96-01018-015	
5.4 CITY - ST - ZIP	***200.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Dara S. O'Connor* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 4-10-96 DAYTIME PHONE #: 407-498-0343

CR2E034 (12/95)