## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CCRPORATION** ANNUAL REPORT 1999



Mailian Addraga

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000083509

1. Corporat on Name

DARIN & ASSOCIATES, P.A.

| Principal Place  | e of Business  | Mailing Address  |                    |                              |          |                                |   |                           |             |
|--|--|--|--------------------|------------------------------|----------|--------------------------------|---|---------------------------|-------------|
| % 1101 NORTH<br>MAITLAND FL                                | I LAKE DESTINY RD., SUITE 130<br>32751   | % 1101 NORTH LAKE DESTINY RD. SUITE 130<br>MAITLAND FL 32751 |                    |                              | 30       | DO NOT WRITE IN THI            | S SPACE   |                           |             |
|  |  |  |                    |                              |          |                                | 3. Date Incorporated or Qualifed                  |                           |             |
|  |  |  |                    |                              |          |                                | 10/27/1995  |                           |             |
|  |  | 2n Mailing Addrong   |                    |                              |          |                                | 4. FEI Number                                     |                           | plied For   |
| 2. Principal P   | 2a. Mailing Address  | nating Address   |                    |                              |          |                                |   | t Applicable              |             |
| 21   |  |  |                    |                              |          | 59-3030188                     | \$8.75 A  | <del></del>               |             |
| Suíte, Ap:.  | #, etc.  | Suite, Apt. #, etc.  |                    |                              |          |                                | 5. Certifca e of Status Desired                   | <b>ېو. ای</b> و<br>Fee Re |             |
| 22   |  | 27   |                    |                              |          |                                |   |                           | <u> </u>    |
| City & Stat  | e  | City & State   |                    |                              |          | 6. Election Campaign Financing | \$5.00  | - 1                       |             |
| 23   |  | 28   |                    |                              |          |                                | Trust Ft nd Contribution                          | Added t                   | o -ees      |
| Zip  | Count y Zip  |  |                    | Country                      |          |                                | 8. This corporation owes the current year Ir      |                           | ElNo        |
| 24   | 25   | 29   | 30                 | <u>'0  </u>                  |          |                                | Personal Property Tax.                            |                           | LINO        |
|  | 9. Name and Address of Curre   | nt Registered Agent  |                    | 81                           | Na       |                                | 10. Name and Address of New Registered            | Agent                     |             |
| DAD  | IN IOHN DII  |  |                    | "                            | INA      | me                             |   |                           |             |
| DARIN, JOHN R II<br>1101 NORTH LAKE DESTINY RD., SUITE 130 |  |  |                    | 82                           | Str      | eet Adc re                     | et Address (P.O. Box Number is Not Acceptable)    |                           |             |
|  |  |  |                    |                              |          |                                |   |                           |             |
| MAII   | TLAND FL 32751   |  |                    | 83                           | 1        |                                |   |                           |             |
|  |  |  |                    | 84                           | Cit      |                                |   | 85 Zip (                  | Co te       |
|  |  |  |                    | 1                            | 1        | •                              | Fl  | _                         |             |
| 11. Pursuant   | to the provisions of Ser tions 607.050   | 02 and 607.1508, Florida Sta                                 | itutes, the a      | bove                         | e-nan    | ned corpo                      | oration submits this statement for the purpose of | changing its              | re gistered |
| office or r  | egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida. Such change wa                                   | s authorize        | a by                         | tne c    | orporat o                      | n's board of directors. I hereby accept the appo  | intment as re             | gistered    |
|  | marian wan, and decept and obliga  |  |                    |                              |          |                                |   |                           |             |
| SIGNATURE:   | Signature, typed or printed name of registered age                               | ent and title if applicable. (N                              | OTE Registered     | d Agen                       | nt signa | ture requir ad                 | when reinstating) DATE                            |                           |             |
| 12.  | OFFICERS AI  | ND DIRECTORS   | 13.                |                              |          |                                | ADDITIONS/CHANGES TO OFFICERS A                   | ND DIRECTO                | RS IN 12    |
| TITLE  | P DELETE   |  | 1.1 TI             | 1.1 TITLE                    |          |                                |   | Change                    | Addition    |
| NAME   | Darin, John R II   |  | 1.2 NAME           |                              | ļ        |                                |   |                           |             |
| STREET ADDRES  | 1101 NORTH LAKE DESTINY  | RD., #130  | 138                | TREET                        | TADDR.   | ESS                            |   |                           |             |
| CITY-ST-ZIP  | MAITLAND FL 32751  |  |                    | rry-si                       |          |                                |   |                           |             |
| TITLE  | Whate are the deriving   | □ DELETE   |                    |                              | 1 TITLE  |                                |   | Change                    | Addition    |
| NAME   |  |  |                    |                              | 2.2 NAME |                                |   |                           |             |
|  |  |  | 2.3 STREET ADDRESS |                              | Fee      |                                |   |                           |             |
| STREET ADDRES.   |  |  |                    |                              |          | .533                           |   |                           | Į           |
| CITY-ST-ZIP  |  |  |                    | 2.4 CITY-ST-ZIP<br>3.1 TITLE |          |                                |   | □ Change                  | Addition    |
| TITLE  |  | ☐ DELETE   | 1                  |                              |          |                                |   |                           |             |
| NAME   |  |  | 32 N               |                              |          |                                |   |                           |             |
| STREET ADDRESS   |  |  | 3.3 \$             | TREET                        | TADDR    | ESS                            |   |                           | :           |
| CITY-ST-ZIP  |  |  |                    | ITY-S                        | T-ZIP    |                                | <u> </u>  |                           |             |
| TITLE  |  | ☐ DELETE   | 4.1 TI             | ITLE                         |          |                                |   | Change                    | Addition    |
| NAME   |  |  | 4.21               | AME                          |          | }                              |   |                           | (           |
| STREET ADDRESS   |  |  | 4.3 S              | TREET                        | TADDR    | ESS                            |   |                           |             |
| CITY-ST-ZIP  |  |  | 4.4 C              | ITY-ST                       | T-ZIP    |                                |   |                           |             |
| TITLE  |  | ☐ DELETE   | 5.1 TI             | ITLE                         |          |                                | -   | Change                    | ☐ Addition  |
| NAME   |  |  | 5.2 N              | AME                          |          |                                |   |                           | ļ           |
| STREET ADDRESS   |  |  | 5.3 S              | TREET                        | TADDR    | ESS                            |   |                           |             |
| CITY-ST-ZIP  |  |  | 5.4 C              | ITY-SI                       | T-ZIP    |                                |   |                           | İ           |
| TITLE  |  | DELETE   | 6.1 TI             | ITLE                         |          |                                |   | ☐ Change                  | Addition    |

6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(S)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplemental arrural report is true and faccurate 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 507, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90205 002 \*\*\*150.00

CR2E034 (11/98)