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

**PROFIT** CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996 DIVISION OF CORPORATIONS						
	MENT # <b>P950</b>	00087499 (6	3)		<u> </u>		
1. Corporation	n Name  DAMANT CORPORATION		-,				
Inc	DAINANI CONFORTION				I AREA AREA AREA AREA AREA	<b>86</b> 11) <b>88</b> 111 <b>8</b> 1	
Dringing) Diago	- 4 D - 4			*****			
Principal Place of Business Mailing Address							
4930 PIERCE STREET HOLLYWOOD FL 33021 HOLLYWOOD F							
					3. Date Incorporated or Qualified	<b>3a</b> . D.	ate of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address			11/01/1995 4. FET Number	L	
21		26			65-0638-3	<b>Z</b> 1	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional
City 9 City		27			5. Certificate of Status Desired		Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip <b>24</b> ]	Country 25	Zip 29	Cour	ntry	8. This corporation has lability for Florida Statutes Yes		
	9. Name and Address of Curren		[20]		10. Name and Address of New	_ , .	d Agent
				81 Nanie			· =
MYERS, MILTON B M.D.			-	82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
4930 PIERCE STREET HOLLYWOOD FL 33021				83			
HOLL	14100D FL 33021						
				84 City		F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	1 /e named corpo	pration submits this statement for the pu		
	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti		d by the co	orporation's boa	oration submits this statement for the purer of directors. Thereby accept the app	ointment a	as registered agent. I am
SIGNATURE _							
12.	Signature, typed or printed name of registered agent OFFICERS ANI		F Registered 4	Agent signat lee recur		DATE	
TILLE	D			ιε [	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS IN 12  Change
NAME	MYERS, MILTON B M.D.		12 NA				
STREET ADDRESS	4930 PIERCE STREET		13 SIR	EET ADDRESS			
CHTY-ST-ZIP	HOLLYWOOD FL 33021		1.4 C-T	Y-SI-ZiP			
TITLE		☐ DELETE	2 1 TH	LF			Change Addition
NAME			2 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE	- · · · · · · · · · · · · · · · · ·	DELETE	2 4 C(1)	Y - \$1 - 211/			Chouse C Addition
NAME		C) precie	3 2 NAM				Change Addition
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CITY-S1-ZIP				r-ST-ZIP			
THILE		DELETE	4, 1 111				Change Addition
NAME			4.2 NAN	4E			
STREET ADDRESS			4.3 S1R	EET ADDRESS			
DITY-ST-ZIP				r - \$1 - 7IF			
TITLE		☐ DELETE	5 1 111	1			☐ Change ☐ Addition
NAME			52 NAN				
STREET ADDRESS				EET ADDRESS			
CITY-S1-ZIP TITLE		DELETE		7-ST-ZIP			<b>5</b>
IDLE		T DEFEIG	6 1 111	.t			Change Addition

64 CHY-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 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: Wilton B Myers MILTON B. MYERS 3 28/96 (934)494-3908