## DOCUMENT # P95000087499

1. Entity Name

## THE DAMANT CORPORATION

Principal Place of Business

Mailing Address

4930 PIERCE STREET HOLLYWOOD FL 33021

4930 PIERCE STREET HOLLYWOOD FL 33021-5812

**FILED** Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90188 008 \*\*\*150.00

2. Principal Place of Business 4430 PIERCE ST.  Suite, Apt. #, etc.  HOLLYWOOD, FL					DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	65-0638321		plied For t Applicable	
330	21 Country U.S.A.	Zip _	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent		7. N	Name and Address of New Registe	red Agent		
				Name				
MYERS, MILTON B M.D. 4930 PIERCE STREET HOLLYWOOD FL 33021			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Tax filing requirement and elects to do so.  After MAY 1, 2000			FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Financing Trust Fund Contribution.	☐ Added	May Be I to Fees	
1. OFFICERS AND DIRECTORS 12.			12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS STY-ST-ZIP	D MYERS, MILTON B M.D. 4930 PIERCE STREET HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TILE		☐ Delete	TITLE			Change	☐ Addition	

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.