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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

City & State

PHILLIPS, DARLENE N 3079 1/2 ST CLAIR

OLDSMAR FL 34677

SIGNATURE: Soster

Zip

23

24

P96000006357 (3)

DARSPORTS, INC.

Principal Place of Business

3079-1/2 ST CLAIR
OLDSMAR FL 34677

2. Principal Place of Business

2a. Mailing Address

2b. Mailing Address

2c. Mailing Address

2c. Suite, Apt. #, etc.

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9, Name and Address of Current Registered Agent

City & State

Ζıρ

FILED
May 06 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Yes Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

02/01/1996

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

1-30-08

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

			163	Į.				ľ
			84	City		FL	85 Z	ip Code
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					7.2			
	Signature, typed or printed name of registered agent and title if applice			ent eigna	ture required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D	_	1.1 TITLE			,	Chang	e 🔲 Addition
NAME	PHILLIPS, DARLENE N	ľ	1.2 NAME					Ji
STREET ADDRESS	3079-1/2 ST CLAIR		1.3 STREET	ADDRES	s (įi
CITY-SY-ZIP	OLDSMAR FL 34677		1.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			l	Chang	e Addition (
NAME			2.2 NAME					
STREET ADDRESS		1	2.3 STREET	ADDRES	s			İ
CITY-ST-ZIP			2. 4 CITY - !	ST-ZIP				
TITLE		☐ DEFELLE	3.1 TITLE			[Chang	e 🔲 Addition
NAME		ſ	32 NAME					
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CITY-ST-ZIP			3.4. CITY - 9	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Į.	Chang	e 🔲 Addition
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CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			i	Chang	e 🔲 Addition
NAME [1	6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRES	s			İ
CITY-ST-ZIP			6.4 CITY - S		<u> </u>			
14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.								

Country

81 Name

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