## 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 # P96000018019 (5)

D A R ENTERPRISES OF SO. FL., INC.

## **FILED** May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- I if Bill fit til third bien dbeit bater som			4 1911 1241
10040 NW 53RD STREET 10040 NW 53RD STREET			EET						
SUNRISE FL 33351		Sunrise FL 33351	SUNRISE FL 33351			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						02/26/1996			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		-	plied For
21		26				65-0648762			t Applicable
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State		City & State				6. Election Campaign Financing		5.00	May Be
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zφ	Zip Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curr	ent Registered Agent		-al .		10. Name and Address of New Reg	gistered Agen	<u></u>	
	THMAN, DAVID			81 1	Vame				
	40 NW 53RD STREET				Street Addre	Address (P.O. Box Number is Not Acceptable)			
SUN	<b>IRIS</b> E FL 33351								
				83					
				84 (	City		FL 85	Zip (	Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508. Florida St	atules, the at	ove-n	amed corpo	oration submits this statement for the p	urnoco of char	L nging it	s registered
office or re	egistered agent, or both, it in Sta	of Herida, Such change w	as authorized	by th	ie corporatio	on's board of directors. I hereby accep	t the appointm	ent as	registered
	marmiar with, and accept the car	2 / 3 3 3 5 5 6 6 6 7 5 6 7 5 6 6 6 6 6 6 6 6 6 6	, Horida diai	utea			116/9	K	
SIGNATURE	Charles and Charles and Charles	ner and the Capphicable	(von : Registered	Agent s	signature require	id when reinstating)	DXIE	<b>/</b>	
12.		ND DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFFIC			
TITLE	PSD	DELETE	1,1 10	TLF.				hange	☐ Addition
NAME	ROTHMAN, DAVID		1.2 N/	ME					·
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CITY-ST-ZIP	SUNRISE FL 33351	Fig. 576		TY-ST-Z			<del></del>		India delica
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9111-917E# }			5 7 01			0	7 11		

14. I 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 13 if changed, or on an attachment with an address.

954-747 - 441.1