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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90005 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000036808

1. Corporation Name

DANCAR ENTERPRISES, INC.

Principal Place of Business

1312 COMMERCE WAY
JUPITER FL 33458

Mailing Address

PO BOX 2574
JUPITER FL 33468



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

65-0661071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

POCILUYKO, SCOTT D
7642 MUIR WOODS LANE
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME POCILUYKO, SCOTT D
STREET ADDRESS 7642 MUIR WOODS LANE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE SECRETARY
NAME POCILUYKO, LORI R
STREET ADDRESS 7642 MUIR WOODS LANE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SECRETARY
2.2 NAME POCILUYKO, LORI R
2.3 STREET ADDRESS 7642 MUIR WOODS LANE
2.4 CITY-ST-ZIP HOBE SOUND, FL 33455

3.1 TITLE DIRECTOR
3.2 NAME POCILUYKO SCOTT D
3.3 STREET ADDRESS 7642 MUIR WOODS LANE
3.4 CITY-ST-ZIP HOBE SOUND, FL 33455

4.1 TITLE DIRECTOR
4.2 NAME POCILUYKO, LORI R
4.3 STREET ADDRESS 7642 MUIR WOODS LANE
4.4 CITY-ST-ZIP HOBE SOUND, FL 33455

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 501 746-4540
Date Daytime Phone #

CR2E034 (1/1/98)