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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000045998

DACETT, INC.

Pri	ncipal Place of Business
326	DUVAL STREET
KEY	WEST EL 33040

21

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

326 DUVAL STREET KEY WEST FL 33040

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

Secretary of State

Jan 23, 1999 8:00am

01-23-1999 90011 008 ***150.00

FILED



DO NOT WRITE IN THIS SPACE

.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

05/30/1996 4. FEI Number

65-0683281

23	3 7	2	8			Trust Fulla Contribution	Adde	<u> </u>
Zip	Country ;		Zip Country			8. This corporation owes the current year I	intangible	
24	25		29 30			Personal Property Tax.	☐ Yes	AN O
	9. Name and Address of Current	Re	gistered Agent			10. Name and Address of New Registere	d Agent	
7				81	Name			
AXTELL, DAVID				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	DUVAL ST.			-	011001714410			·
KEY WEST FL 33040				83				
				84	City		85 Zi	p Code
				04	City	F	L % 2	p code
office or i	registered agent or both in the State o	of Flo	orida. Such change was autho	rized by	the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing cointment as	its registered registered
agent. I a	am familiar with, and accept the obligati	ions '	of, Section 607.0505, Florida	Statutes				
SIGNATURE			the Machinehla (NOTE: Basis	etered Acco	t signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI			13.	r aidiiamia iadallad	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	PD			1.1 TITLE			☐ Chang	
NAME	AXTELL, DAVID			1.2 NAME				
	AGG BURIEL GEREET				ADDRESS			•
STREET ADDRESS	KEY WEST FL 33040	•		1.4 CITY-S				
CITY-ST-ZIP	KET WEST TE SOOTO	,		2.1 TITLE	1-21-		☐ Chang	e Addition
				2.2 NAME				
NAME . STREET ADDRESS		•	i i	2.3 STREET	TADDRESS			
	1			2. 4 CITY-S				
CITY-ST-ZIP TITLE				3.1 TITLE	11-20		Chang	je 🔲 Addition
NAME				3.2 NAME				
STREET ADDRESS	`			3.3 STREET	ADORESS			
	' 			3.4 CITY-5	1	•		
CITY-ST-ZIP				4.1 TITLE			☐ Chang	je Addition
NAME				4. 2 NAME				
STREET ADDRESS				- :	FADDRESS			
CITY-ST-ZIP				4.4 CITY-S	i			
TITLE		;		5.1 TITLE			Chang	je Addition
NAME				5.2 NAME				
STREET ADDRESS	,		1	5.3 STREET	ADDRESS			
CITY-ST-ZIP] ·			5.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	6.1 TITLE	 		Chang	e Addition
NAME			-	6.2 NAME				
				6.3 STREET	FADDRESS			
STREET ADDRESS	<u>`</u> [6.4 CITY-S				
CITY-ST-ZIP				0.4 UII I - 0	1			

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 limit empowered.

SIGNATURE: