

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000074189 (7)

1. Corporation Name  
DAPROTOUR CONSULTING, INC.



Principal Place of Business  
391 SOUTHEAST 19 AVENUE, UNIT 5  
PAMPANO BEACH FL 33080

Mailing Address  
391 SOUTHEAST 19 AVENUE, UNIT 5  
PAMPANO BEACH FL 33080-7642

3. Date Incorporated or Qualified  
09/06/1996

3a. Date of Last Report

2. Principal Place of Business  
21 5897 North DIXIE HWY.  
Suite, Apt. #, etc.  
22 Unit 32  
City & State  
23 Fort Lauderdale, Florida  
Zip  
24 33334  
Country

2a. Mailing Address  
26 5897 North DIXIE HWY.  
Suite, Apt. #, etc.  
27 Unit 32  
City & State  
28 Fort Lauderdale, Florida  
Zip  
29 33334  
Country

4. FEI Number  
65-0694019

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE		1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUNICKA, ALENA			1.2 NAME	KUNICKA, ALENA		
STREET ADDRESS	391 SOUTHEAST 19 AVENUE, UNIT 5			1.3 STREET ADDRESS	5897 N. DIXIE HWY., Unit 32		
CITY-ST-ZIP	PAMPANO BEACH FL 33080			1.4 CITY-ST-ZIP	FT. Lauderdale, FL. 33334		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KUNICKA

4/8/97

954-491-8620

Date Daytime Phone #

CR2E034 (9/96)