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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000081368 (8)

D & A PROPERTIES, INC.

Principal	Place o	of Business
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Mailing Address

6204 ARMENIA AVENUE

## **FILED** Mar 24 1997 8:00am Secretary of State



TAMPA FL	TAMPA FL 33604-5708	TAMPA FL 33604-5708		A Wind Control			
				3. Date Incorporated or Qualified 10/02/1996	3a. Date of	Last Report	
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For	
21 6204, N. Armeni				59-3404178	<u> </u>	Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required	
City & State  TAMPA  TO	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 33604 . 25 Hillsho		Country 30 (1)	Spora		]Yes ☐ No		
	Current Registered Agent		Nana	10. Name and Address of New R	egistered Agent		
MQORE, STEVEN W PATEL, MOORE & O'CONNO 18167 U.S. HIGHWAY 19 NO		81		dress (P.O. Box Number is Not Accepta	ble)	,	
CLEARWATER FL 34624		83			ten 12 - t		
		84	City		FL 85	Zip Code	
<ol> <li>Pursuant to the provisions of Sections ( office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE</li> </ol>	607.0502 and 607.1508, Florida Statute ne State of Florida. Such change was at ne obligations of, Section 607.0505, Flor	s, the above uthorized by rida Statutes	e-named cor the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of chan- pt the appointme	ging its registered ant as registered	
Standare typical or portled name of tog-		: Flegistered Age	nt signature requ	uired when rainstating)	DATE		
	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TOLE D	☐ DELETE	1.1 TITLE				hange L. Addition	
NAME JAKHOTIA, DEEPAK	=	1.2 NAME					
STREET ADDRESS   6204 ARMENIA AVENUE	Ľ	13 STREET	ADDRESS				
City-St-Zip TAMPA FL		1.4 CITY- S	T-ZiP				
THE D	CHAINCR.	2 1 TITLE				nange L. Addition	
NAME PATEL, SONAL		22 NAME					
SIRCE I ADDRESS 8204 ARMENIA AVENUE	<b>E</b>	2 3 STREET	address	, · · · · · · · · · · · · · · · · · · ·			
CITY-SI-ZIP TAMPA-FL	T DOLLAR	2 4 CiTY - 5	ST-ZIP				
NAME ACHUT MAG	THE PRINCIPLE DELETE	3 1 TITLE			☐ C	nange L Addition	
NAME HOTOL MICHE	STIK UWHUH	3.2 NAME					
	LINITA AVENUE.	3.3 STREET	ADDRESS				
CHY-SI-ZIP TAMPA FL		34 CiTY-S	ST-ZIP				
TITLE	☐ DELETE	4 1 TITLE			Ľ CI	nange Addition	
NAME		4 2 NAME					
STREET ADDRESS		43 STREET	ADDRESS				
CITY-ST-Zii <sup>x</sup>	DELETE:	4.4 CITY - S	I-ZIP				
TILLE	☐ DELETE	5 1 TITLE			☐ ¢i	hange 🔲 Addition	
NAME		5 2 NAME				- 1	
STREET ADDRESS		5.3 STREET	ADDRESS		NA	2 h U	
CiTY-ST-ZiP		5 4 CITY-S	7-2HP		417	101	
THILLE	☐ DELETE	61 TITLE	1.2	60000212 -03/25/97010	⋗⋺⋷∌ば	nange L_ Addition	
NAME		62 NAME		-03/25/97010	n9n41	•	
STREET ADDRESS		63 STREET	ADDRESS	***165.00	00 011		
CITY+ST+ZiP		6.4 CITY - S	T-ZIP	~~~IQ~;QU			
Late beyone continued that the information i	consolord with this files along not availe.			od in Section 110 07/21/i) Elevide Statut	1.6 41		

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 eath; it, 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: