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

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998 DIVISION OF CORPORATIONS								
DOCUMENT # P9700000688 (6) DACAR ENTERPRISES, INC.								
DACAH	ENIEHPH	NSES, INC.						e hadiladi ela lahih lahih sahij dajir dajir dajir dajir dajir dajir dajir dajir lahif lahij idal
Principal Place	of Business			lailing Address				
8434 AFTON L				3434 AFTON LANE				
PORT RICHEY				ORT RICHEY FL 34668				DO NOT NIDITE III YUU DDA OF
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
								01/03/1997
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				59-34/8518 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22				27				Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23) Zip					Zip Country			Trust Fund Contribution Added to Fees
24	<u> </u>	25	29	1.0	30	y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
2-71		and Address of Curre		stered Agent				10. Name and Address of New Registered Agent
KO	DREY, DAVI	D C SR				81	Name	
7727 CROSIER COURT						82 Street Address (P.O. Box Number is Not Acceptable)		Iress (P.O. Box Number is Not Acceptable)
NEW PORT RICHEY FL 34853								
						83		
						84 City FL 85 Zip Code		
44 Discussed to the acquisions of Sections 507 0502 and 607 1509 Elevida Statuto						20)/6	e-named cott	
office or re	egistered age	ent, or both, in the State	e of Flori	ida. Such change was a	authorize	d by	y the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	m familiar witi	n, and accept the obliq	gations c	at, Section 607.0505, FR	moa Siai	utes	S.	
SIGNATURE	Signature, typed o	or printed name of registered ag	ent and title	e d'applicable (NOT	. Registere	i Age	ent signature requ	wed when reinstating) DATE
12.		OFFICERS AN	1D DIRE		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DAVED 0 00		☐ DELETE	1.130		}	Change Addition
HAME		, DAVID C SR			12 N			!
STREET ADDRESS 7727 CROSIER COURT CITY-ST-ZIP NEW PORT RICHEY FL 34653			2				ADDRESS	
CITY-ST-ZIP TITLE	STD			DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME		FELLIN, ELAINE			2.2 NAME		- 1	
STREET ADDRESS				23			r address	
CITY-ST-ZIP	NEW PORT RICHEY F; 34653		3				ST-ZIP	
TITLE				☐ DELETE	3.1 Tr	TLE		Change Addition
HAME					32 N		\	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE	3.4. C 4.1 Ti		ST-ZIP	Change Addition
NAME				C pecete	4.1 11 4.2 N		{	
STREET ADDRESS					1		ADDRESS	
CITY-ST-ZIP							ST - ZIP	
TITLE				☐ DELETE	5.1 TI			Change Addition
NAME					5.2 N	AME	ĺ	
STREET ADDRESS					5351	reet	T ADORESS	
CITY-ST-ZIP						_	ST - ZIP	
TITLE				☐ DELETE	6.1 Tt		ĺ	Li Change Li Addition
NAME					6.2 N			
STREET ADDRESS					6351	REET	ADDRESS	

14. Thereby 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:

ALLEY STEE DO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DAUG C. KOOREY SR. 4/2/98 848/14

FILED

May 18 1998 8:00am

Secretary of State