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 # P97000042796

1. Corporation Name

DARTS FTC INC

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90084 020 ***150.00

IAIIIOI	LIO, INO							
Principal Plac	e of Business	Mailing Address					BIBIB 11811 (BB18	18118 6111 1981
10097 CLEARY	10097 CLEARY BLVD	7 CLEARY BLVD., STE. 346						
PLANTATION FL 33324 PLANTATION FL 33324						DO NOT WRITE IN THE	CDACE	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
		[05/12/1997		lied For
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	h	olied For
21		26				65-0753486	\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	.			5. Certificate of Status Desired	Fee Re	
22		City & State	···			O. El. III. Ourseign Figureign	\$5.00	
City & Stat	te .	<u> </u>				6. Election Campaign Financing Trust Fund Contribution	Added t	•
23)	Country	Zip	Col	untry		8. This corporation owes the current year In		
Zip		29	30	<u>,</u>		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre			1		10. Name and Address of New Registered	Agent	
	3. Name and Address of Conc	in registered rigent		81	Name	•		
LEG	ER, PAUL							
10097 CLEARY BLVD., STE. 346				82	Street Address (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324			83				
				84	City	FI.	85 Zip (ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the a	above	e-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 607.050	vas autionze 5, Florida Sta	tutes.	corporatio	of a board of directors. Thereby decept the appe		,
SIGNATURE								{
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.			t signature require	d when reinstating) DATE	·	=======================================
12.	OFFICERS A	ND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS A		Addition
TITLE	D	☐ DELE	TE 1.1 T	ITLE			☐ Change	☐ AGGIIGH
NAME	LEGER, PAUL		1.2 N	AME				ļ
STREET ADDRESS		346	1.3 9	TREET	ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324			XITY-ST	r-zip			- Addition
TITLE		☐ DELE	TE 2.1 T	ITLE			Change	☐ Addition
NAME			2.2 N	IAME				}
STREET ADDRESS	:		2.3 S	TREET	ADDRESS	•.		
CITY-ST-ZIP				спу-ѕ	T-ZIP			II.
TITLE		☐ DELE	TE 3.1 T	THE	1			Sm
NAME				HULE	1	<u> </u>	_ Change	Addition
STREET ADDRESS	1		3.2 N	AME		a	_ Change	Addition
CITY-ST-ZIP				IAME	ADORESS		Change	Addition
TITLE			3.3 \$	IAME	i			
		☐ DELE	3.3 S 3.4.5	IAME STREET	i		☐ Change	☐ Addition
NAME		☐ DELE	3.3 S 3.4.4 TE 4.1 T	IAME STREET CITY-S	i			
NAME STREET ADDRESS		☐ DELE	3.3 S 34.4 TE 4.1 T 4.2	IAME STREET CITY-S TITLE NAME	i			
			3.3 \$ 34.6 TE 4.11 4.21 4.3 \$ 4.4 6	IAME STREET CITY-S TITLE NAME	T-ZIP		☐ Change	Addition
STREET ADDRESS		☐ DELE	3.3 \$ 3.4.4 TE 4.11 4.21 4.3 \$ 4.40 TE 5.11	STREET CITY-S TITLE NAME STREET CITY-SITTLE	T-ZIP			
STREET ADDRESS CITY-ST-ZIP			3.3\$ 3.4.1 TE 4.11 4.21 4.3\$ 4.40 TE 5.17	STREET CITY-S' TITLE NAME STREET CITY-SI	T-ZIP TADDRESS T-ZIP		☐ Change	Addition
STREET ADORESS CITY-ST-ZIP TITLE			3.35 34.1 TE 4.11 4.21 4.35 4.44 TE 5.11 5.21	NAME CITY-S' TITLE NAME STREET CITY-SITTLE NAME STREET STREET	T-ZIP TADDRESS T-ZIP TADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELE	3.35 34.1 4.11 4.21 4.35 4.40 TE 5.11 5.21 5.35	CITY-STITLE NAME STREET CITY-STITLE NAME CITY-STITLE NAME CITY-STITLE NAME CITY-STITLE NAME CITY-ST	T-ZIP TADDRESS T-ZIP TADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.35 34.1 4.11 4.21 4.35 4.40 TE 5.11 5.21 5.35	NAME CITY-S' TITLE NAME STREET CITY-SITTLE NAME STREET STREET	T-ZIP TADDRESS T-ZIP TADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELE	3.35 34.1 4.11 4.21 4.35 4.40 TE 5.11 5.2N 5.35 5.40	CITY-STITLE NAME STREET CITY-STITLE NAME CITY-STITLE NAME CITY-STITLE NAME CITY-STITLE NAME CITY-ST	T-ZIP TADDRESS T-ZIP TADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DELE	3.3 \$ 3.4. TE 4.11 4.21 4.3 \$ 4.4 C TE 5.11 5.2 N 5.3 \$ 5.4 C TE 6.11 6.2 N	NAME STREET COITY-S' TITLE NAME STREET COITY-SI TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME	T-ZIP TADDRESS T-ZIP TADDRESS		☐ Change	Addition

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 torporation 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: