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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 11 1998 8:00am Secretary of State

| DOCUMENT # P97000079102 (4)                  |                             |                 |                     |                            |                  |                    |                         |                                 |                              |   |                        |                  |                  |
|--|-----------------------------|-----------------|---------------------|----------------------------|------------------|--------------------|-------------------------|---------------------------------|------------------------------|---|------------------------|------------------|------------------|
| DARON INVESTMENTS, INC.                      |                             |                 |                     |                            |                  |                    |                         |                                 |                              |   |                        |                  |                  |
|  |                             |                 |                     |                            |                  |                    |                         |                                 |                              |   |                        | 18 18184 HA11 A1 |                  |
|  |                             |                 |                     |                            |                  |                    |                         |                                 |                              |   |                        |                  |                  |
| Principal Plac                               | e of Rusines                |                 |                     | Mailing Ac                 | Idrass           |                    |                         |                                 |                              |   |                        |                  |                  |
|  |                             |                 |                     |                            |                  |                    |                         |                                 |                              |   |                        |                  |                  |
| 2487 BAY AISLE DRIVE<br>WESTON FL 33327      |                             |                 |                     | WESTON FL 33327            |                  |                    |                         | ļ                               |                              |   |                        |                  |                  |
|  |                             |                 |                     |                            |                  |                    |                         |                                 |                              | DO NOT WE   | RITE IN THIS           | SPACE            |                  |
|  |                             |                 |                     |                            |                  |                    |                         |                                 | 3.                           | . Date Incorporated or Qualific                                   | ∍d                     |                  |                  |
|  |                             |                 |                     |                            |                  |                    |                         |                                 |                              | 09/11/1997  |                        |                  |                  |
| 2. Principal P                               | lace of Busin               | <b>├</b>        | 2a. Mailing Address |                            |                  |                    |                         | 4.                              | FEI Number                   |   | <del></del>            | pplied For       |                  |
| Suite, Apt.                                  | # 610                       |                 | Suite, Apt. #, etc. |                            |                  |                    |                         |                                 | 65-0784864                   |   |                        | ot Applicable    |                  |
|  | #, <b>G</b> IG.             | 27              |                     |                            |                  |                    | 5.                      | . Certificate of Status Desired |                              |   | Additional<br>leguired |                  |                  |
| City & Stat                                  | е                           |                 | City & State        |                            |                  |                    |                         |                                 | . Election Campaign Financin |   |                        | May Be           |                  |
| 23   | •                           | ļ <sub>a</sub>  | 28                  |                            |                  |                    |                         | "                               | Trust Fund Contribution      | <b>"</b> 🗆  |                        | to Fees          |                  |
| Zip  |                             | Country         |                     | Zip                        |                  |                    | Country                 |                                 | 8.                           | . This corporation owes or has                                    | paid the cu            | rrent veer in    | tengible         |
| 24   | 25                          |                 |                     | 29 30                      |                  |                    |                         |                                 |                              | Personal Property Tax due J                                       | ` '                    | ☐ Yes [          | N/A              |
| Name and Address of Current Registered Agent |                             |                 |                     |                            |                  |                    |                         |                                 | 10                           | , Name and Address of New   | Registered             | Agent            | 147.25           |
| GR   | OSS, DAVI                   | D               |                     |                            |                  |                    | 81                      | Name                            |                              |   |                        |                  |                  |
| 2487 BAY AISLE DRIVE                         |                             |                 |                     |                            |                  |                    | 82                      | Street Ad                       | ddress (f                    | P.O. Box Number is Not Acce                                       | otable)                | <del></del>      |                  |
| WESTON FL 33327                              |                             |                 |                     |                            |                  |                    |                         |                                 | <u> </u>                     |   |                        |                  |                  |
|  |                             |                 |                     |                            |                  |                    | 83                      |                                 |                              |   |                        |                  |                  |
|  |                             |                 |                     |                            |                  |                    | 84                      | City                            |                              |   |                        | <b>85</b> Zip    | Code             |
|  |                             |                 |                     |                            |                  |                    |                         | •                               |                              | ·····   | <u> </u>               | .     `          |                  |
| 11. Pursuant                                 | to the provis               | ions of Section | ns 607.0502 an      | d 607.1508<br>Iorida, Such | , Florida Statut | tes, the           | e above<br>ized hv      | -named co                       | orporation's                 | on submits this statement for the board of directors. I hereby as | ne purpose o           | if changing i    | its registered   |
| agent. I a                                   | ım <b>fa</b> miliar wi      | ith, and accer  | ot the obligation   | s of, Section              | n 607.0505, FI   | orida S            | Statutes                | 1110 001001                     | , a.c.                       | board of directors ( notes) at                                    | oopt in oup            |                  | , , og , o, o, o |
| SIGNATURE                                    |                             |                 |                     |                            |                  |                    |                         |                                 |                              |   | DATÉ                   |                  |                  |
| 12.  |                             |                 |                     |                            |                  |                    | 3.                      | ni signatura req                |                              | ADDITIONS/CHANGES TO O  |                        | DIRECTO          | RS IN 12         |
| TITLE  |                             | DELETE          | _                   | 1.1 TITLE                  |                  |                    | ADDITIONO/OTANGLO TO OT | 11001107114                     | Change                       | Addition  |                        |                  |                  |
| NAME   | President                   |                 |                     |                            | 1.2 NAME         |                    |                         |                                 |                              |   |                        |                  | _                |
| STREET ADDRESS                               | David Gross                 |                 |                     |                            |                  | 1.3 STREET ADDRESS |                         |                                 |                              |   |                        |                  |                  |
| ÇITY-ST-ZIP                                  | 2487 Bay Isle Dr            |                 |                     |                            |                  |                    | 1.4 CITY-ST-ZIP         |                                 |                              |   |                        |                  |                  |
| TITLE  | Weston, FL 33327            |                 |                     |                            |                  |                    | 2.1 TITLE               |                                 |                              |   |                        | Change           | ☐ Addition       |
| NAME   | V P                         |                 |                     |                            |                  |                    | 2.2 NAME                |                                 |                              |   |                        |                  |                  |
| STREET ADDRESS                               | Aaron Jade                  |                 |                     |                            |                  |                    | 2.3 STREET ADDRESS      |                                 |                              |   |                        |                  | ļ                |
| CITY-ST-ZIP                                  | 50 West Square Lake Rd      |                 |                     |                            |                  |                    | 2. 4 CITY-ST-ZIP        |                                 |                              |   |                        |                  | ļ                |
| TITLE  | Bloomfield Hills, MI □48302 |                 |                     |                            |                  |                    | 3.1 TITLE               |                                 |                              |   |                        | Change           | ☐ Addition       |
| NAME   |                             |                 |                     |                            |                  | 3.                 | .2 NAME                 | į                               |                              |   |                        |                  |                  |
| STREET ADDRESS                               | -                           |                 |                     |                            |                  | 3.                 | 3 STREET                | ADDRESS                         |                              |   |                        |                  | -                |
| CITY-ST-ZIP                                  |                             |                 |                     |                            |                  | 3.                 | 4. CITY-S               | T-ZIP                           |                              |   |                        |                  |                  |
| TITLE  |                             |                 |                     |                            | DELETE           | 4.                 | .1 TITLE                | ŀ                               |                              |   |                        | Change           | Addition         |
| NAME   |                             |                 |                     |                            |                  | 4.                 | . 2 NAME                | Ì                               |                              |   |                        |                  |                  |
| STREET ADDRESS                               |                             |                 |                     |                            |                  | 4.                 | 3 STREET                | ADDRESS                         |                              |   |                        |                  |                  |
| CITY-ST-ZIP                                  | <del></del>                 |                 |                     |                            | - an dea         | _                  | 4 CITY - ST             | r-ZIP                           |                              |   |                        | <u> </u>         |                  |
| TITLE  |                             |                 |                     |                            | ☐ DELETE         |                    | .1 TITLE                |                                 |                              |   |                        | ☐ Change         | Addition         |
| NAME   |                             |                 |                     |                            |                  |                    | 2 NAME                  |                                 |                              |   |                        |                  |                  |
| STREET ADDRESS                               |                             |                 |                     |                            |                  |                    | 3 STREET                |                                 |                              |   |                        |                  |                  |
| CITY-ST-ZIP                                  |                             |                 |                     |                            | DELETE           |                    | 4 CITY-ST               | - ZiP                           |                              | <del></del>   | •                      | ☐ Change         | Addition         |
| TITLE  |                             | •               |                     |                            | T DEFECT         |                    | 1 TITLE                 |                                 |                              |   |                        |                  |                  |
| NAME .                                       |                             |                 |                     |                            |                  |                    | 2 NAME                  | ADDOCCO                         |                              |   |                        |                  |                  |
| STREET ADDRESS                               |                             |                 |                     |                            |                  |                    | 3 STREET                |                                 |                              |   |                        |                  |                  |
| CITY-ST-ZIP                                  |                             |                 |                     |                            |                  | 6                  | 4 CITY-ST               | -217                            |                              |   |                        |                  |                  |

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, and an attachment with any address.

7-5-98