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

PROFIT CORPORATION ANNUAL REPORT

~~1998~~ 1999

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

ARTICLES AND FILED

99 JUN 11 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079119

1. Corporation Name
Darcy, Inc

Principal Place of Business
809 Lake Avenue
Lake worth, FL 33460

Mailing Address

2. Principal Place of Business
21 809 Lake Avenue
Suite Apt #
22
City & State
23 Lake worth FL
Zip
24 33460
Country
25 Palm Beach

2a. Mailing Address
26
Suite Apt #
27
City & State
28
Zip
29 33460
Country
30 Palm Beach

3. Date Incorporated/Qualified
10/1/97

4. FEI Number
65-0781369

Applied For
Not Applied For

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

6. Disaster Recognition Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation is requesting the Department of State to make its Annual Report available electronically on the Internet. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Kukhi Lee
809 Lake Avenue
Lake worth, FL 33460

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 undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and confirms that the corporation has complied with the provisions of Section 607.0501, Florida Statutes, and that its registered agent has complied with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	President ☐ DELETE
NAME	Kukhi Lee
STREET ADDRESS	809 Lake Avenue
CITY-ST-ZIP	Lake worth FL 33460
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

400002902814--5
-06/11/99--01105--014
****150.00 ****150.00

☐ Delete ☐ Add

☐ Delete ☐ Add

☐ Delete ☐ Add

☐ Delete ☐ Add

☐ Delete ☐ Add

☐ Delete ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 in Block 13 or a separate statement has been added.

SIGNATURE: Kukhi Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 561-586-1255

CR2E034 (10/97)