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

**PROFIT CCRPORATION** ANNUAL REPORT

1999

DARIO ON THE BAY, INC.

1. Corporat on Name



DOCUMENT # P97000088079

FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90104 050 \*\*\*150.00

## 

Principal Place of Business Mailing Address							HITTI	#### (W	1010 1011 1691		
1640 SEAWAY DRIVE 1640 SEAWAY DRIVE											
FT PIERCE FL	34949	FT PIERCE FL 34949	FT PIERCE FL 34949			DO NOT WRITE IN THIS SP	DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed					
						10/13/1997			,		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	T	App	ied For		
21		26				65-0786674	$\perp$	Not	Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		·		5. Certificate of Status Desired		<b>75</b> Ace Req	ditional uired		
City & S a	te	City & State		_		6. Election Campaign Financing Trust Fund Contribution		.00 N	lay Be Fees		
23   Zip	Country	Zip	Cou	ntry	<del></del>	8. This corporation owes the current year Intang					
24	´	25 29 30					Yes	. [	∃No		
	9. Name and Address of Curr					10. Name and Address of New Registered Ag	ent				
			•	81	Name	1					
	erilawyer O seaway Dr			82	Street	Address (P.O. Box Number is Not Acceptable)					
	PIERCE FL 34949			83							
				84	City	FL	35	Zip C	nde		
office cr	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida, Such change was gations of, Section 607.0505, F	authorized Iorida Stati	t by utes	the corp	d corporation submits this statement for the purpose of cheoretion's board of cirectors. I hereby accept the appointment of the cirectors of the purpose of	ent a	as reg	stered		
12.		ANI) DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	ÕĪRE	CTOF	IS IN 12		
TITLE	PD	☐ DELETE	1.1 TI	TLE			] Cha	inge	Addition		
NAME	BORDOLI, DIANA M		12 NAM								
STREET ADDRESS	4040 OF MALEY DON'T		1.3 STRE		ADDRESS	5					
CITY-ST-ZIP	FT PIERCE FL 34949		1.4 CI	TY-S1	r-zip						
TITLE	VTD	☐ DELETE	2.1 TI	TLE			] Cha	ınge	☐ Addition		
NAME	ALLOCCO, CARLO		22 N	AME							
STREET ADDRESS	-1640 SEAWAY-DRIVE	-	— 2.3 ST	TREET	ADDRESS						
CITY-ST-ZIP	FT PIERCE FL 34949		2.4 C	ITY-S	T-ZIP						
TITLE	SD	DELETE	3.1 TI	TLE			] Cha	ange	☐ Addition		
NAME	BORDOLI, DARIO	-	3.2 N/	AME							
STREET ADORE SS	I .		3.3 \$1	TREET	ADDRESS	6					
CITY-ST-ZIP	FT PIERCE FL 34949		3.4. C	ITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TI	TLE			]] Cha	ange	☐ Addition		
NAME			4 2 N	AME							
STREET ADDRESS	5		4.3 S	TREET	ADDRESS	S					
CITY-ST-ZIP			4.4 CI		T-ZIP		~ ~				
TITLE		ı		i.1 TITLE			] Cha	ınge	☐ Addition		
NAME			5.2 N/								
STREET ADDRESS	3				ADDRESS	5					
CITY-ST-ZIP				CITY-ST-ZIP		<u> </u>	70-		☐ Addition		
TITLE		DELETE	6.1 TI				]] Cha	nige	☐ Addition		
NAME			6.2 N								
STREET ADDRESS	5		6.3 \$	KEE]	ADDRESS						

14. I hereby certify that the Normation supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify that the information indicated on this annual report or supplemental annual report is true and accorded and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the composition or the receiver or trustee empowered or execute this report as required by Chapter 607, Florida Statutes; and the my name appears in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE: