Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90132 020 ***158.75

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 # P98000042966

	i Name			· ·		
DARZELL ASSOCIATES, INC.						
					(111 8 e nn 1 38
		•				
Principal Place of Business Mailing Address				4 INNETINGE TEN ANTON MARKET MOTOR AND IN CONTRACT CONTRA	41 MININ 1784K 1811N A	11(6 2)11 1 4 0 1
1109 NORTH 21	1ST AVENUE	1109 NORTH 21ST AVENUE				
SUITE 118 SUITE 118						
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE			
	•			3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address				05/13/1998	9 1 4	E. J. E. S
·	lace of Business	2a. Mailing Address		4. FEI Number 0836175		lied For Applicable
21	Д	26 Cuito Ant # oto	· · · · · · · · · · · · · · · · · · ·		\$8.75 Ac	
Suite, Apt	#, etc.	Suite, Apt. #,.etc.		5. Certifcate of Status Desired 🔀	Fee Req	
City & State	Δ	City & State		6. Election Campaign Financing	\$5.00 N	Any Ro
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
24	[25]	<u> </u>	30	Personal Property Tax.	∐ Yes 72	Mo
	9. Name and Address of Current			10. Name and Address of New Registered	d Agent	
81 Name Ros. 4 1000 N 5						į
AMERILAWYER			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE			1/0	9 N. 2187 AVE		
CORAL GABLES FL 33134			83		<u> </u>	
			84 City	. 110	. 85 Zip Co	ode
			Hol	LLYWOOL F	<i>اد ا ا</i>	020
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 607.9505, Florid	tnonzed by the corporation	on's board of directors. I hereby accept the app	omunem as regi	istered
SIGNATURE	9.12	- TRESILLED	_	4/27/9	9 `	Ì
SIGNATURE	Signature, typed or printed name of registered agent		_		9	
12.	OFFICERS AND	and title if applicable. (NOTE: F) DIRECTORS	Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
	OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature require 13.		AND DIRECTOR Change	RS IN 12
12.	PSTD MOORE, BASIL	and title if applicable. (NOTE: F) DIRECTORS	Registered Agent signature require			
12.	OFFICERS AND PSTD MOORE, BASIL 1109 NORTH 21ST AVENUE	and title if applicable. (NOTE: F) DIRECTORS	Registered Agent signature require 13.			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOORE, BASIL	and title If applicable. (NOTE: F) DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			☐ Addition
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CITY-ST-ZIP 图 (新安全) 新疆 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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

HATHE PROMINE FORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

934 923 4488