02241999-90062-031-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 22 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P98000085456

1. Corporation Name
DARKAR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
436 US HIGHWAY 17 SOUTH #20 YULEE FL 32097	436 US HIGHWAY 17 SOUTH #20 YULEE FL 32097

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1998

2. Principal Place of Business	2a. Mailing Address
21 419 S.W. 20 Street	26 419 SW 20 Street
22 Suite, Apt. #, etc. [redacted]	27 Suite, Apt. #, etc.
23 City & State: Cape Coral Florida	28 City & State: Cape Coral FL
24 Zip: 33991 25 Country: USA	29 Zip: 33991 30 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: Karen McCall 82 Street Address (P.O. Box Number is Not Acceptable): 419 S.W. 20 Street 83 84 City: Cape Coral FL 85 Zip Code: 33991

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen McCall
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MCCALL, KAREN		1.2 NAME	mccall Karen	
STREET ADDRESS	436 US HIGHWAY 17 SOUTH		1.3 STREET ADDRESS	419 S.W. 20 Street	
CITY-ST-ZIP	YULEE FL 32097		1.4 CITY-ST-ZIP	Cape Coral Fl 33991	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☑ Change ☐ Addition
NAME	MCCALL, DARRON L		2.2 NAME	Mccall Darron L.	
STREET ADDRESS	436 US HIGHWAY 17 SOUTH		2.3 STREET ADDRESS	419 S.W. 20 Street	
CITY-ST-ZIP	YULEE FL 32097		2.4 CITY-ST-ZIP	Cape Coral Fl 33991	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: Karen McCall Karen McCall 1-12-99 (941)573-9035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #