

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099174

1. Entity Name

D.A.A. CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90002 009 ***150.00

Principal Place of Business

Mailing Address

430 MOSSWOOD BLVD
 INDIALANTIC FL 32903

430 MOSSWOOD BLVD
 INDIALANTIC FL 32903-4007

2. Principal Place of Business

3. Mailing Address

4880 STACK BLVD. PO. BOX 033836
 Suite, Apt. #, etc. E3 & EA
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MELBOURNE FL

INDIALANTIC, FL.

4. FEI Number

Applied For

65-0959858

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

32901 BREVARD

BREVARD

32903 BREVARD

BREVARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEALY, PATRICK F
 1499 S HARBOR CITY BLVD, SUITE 201
 MELBOURNE FL 32901

Name ROXANNA P. CIRACO

Street Address (P.O. Box Number is Not Acceptable)

430 MOSSWOOD BLVD.

City INDIALANTIC FL Zip Code 32903

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Roxanna P. Ciraco (Signature, typed or printed name of registered agent and title if applicable.)
 Roxanna P. Ciraco (NOTE: Registered Agent signature required when reinstating)
 DATE 1-05-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROXANNA P. CIRACO 430 MOSSWOOD BLVD INDIALANTIC, FL. 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/TREASURER DOMINICK A. CIRACO 430 MOSSWOOD BLVD. INDIALANTIC, FL. 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dominick A. Ciraco* (Signature and typed or printed name of signing officer or director)
 DATE: 1-5-00
 Daytime Phone #: (407) 728-5999

CR2E034 (9/99)