

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # S67830 (7)**

1. Corporation Name  
**DARCON INTERNATIONAL CORPORATION**



Principal Place of Business: **1700 MCMULLEN BOOTH RD SUITE D-1 CLEARWATER FL 34619**  
Mailing Address: **1700 MCMULLEN BOOTH RD SUITE D-1 CLEARWATER FL 34619**

3. Date Incorporated or Qualified: **07/22/1991**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 14310 CARLSON CIRCLE**  
2a. Mailing Address: **26 14310 CARLSON CIRCLE**

4. FEI Number: **59-3078987**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23 TAMPA, FL**  
27. City & State: **28 TAMPA, FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24 33626** Country: **25 U.S.A.**  
29. Zip: **30 33626** Country: **30 U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **ROBINSON, CHRISTINE 3302 SAN CARLOS ST. CLEARWATER FL 34619**  
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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of officer or director, or person designated to file this report) (Name, Title, Address and Telephone Number of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, CHRISTINE</b>	1.2 NAME	
STREET ADDRESS	<b>3302 SAN CARLOS ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRACICK, RAE LYNN</b>	2.2 NAME	
STREET ADDRESS	<b>650-B ATHENS AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKINNER, WILLIAM I</b>	3.2 NAME	
STREET ADDRESS	<b>102 W QUAILRIDGE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OXFORD NC</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DCCE</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, BOBBY D</b>	4.2 NAME	
STREET ADDRESS	<b>3302 SAN CARLOS ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Christine Robinson* **CHRISTINE ROBINSON, CORP. SECRETARY** 4/24/96 (813)854-4525  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (12/95)