

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S76843** (9)

1. Corporation Name

DAYBARQUE, INC.



Principal Place of Business

**8885 DAVIS BLVD EXT
NAPLES FL 33942
US**

Mailing Address

**P O BOX 9339
NAPLES FL 33941**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MITTLER, STEPHEN
874 WYNDEMERE WAY
NAPLES FL 33999**

3. Date Incorporated or Qualified
08/28/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0288170

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **STEPHEN MITTLER**

82 Street Address (P.O. Box Number is Not Acceptable)
3440 DONOSO Ct

83

84 City **NAPLES**

FL 85 Zip Code **33999**

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 understand the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Stephen Mittler
Signature, typed or printed name of registered agent and the corporation

STEPHEN MITTLER, PRESIDENT
(Print: Registered Agent signature required when reinstating)

4/5/96
Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MITTLER, STEPHEN A.**
STREET ADDRESS **874 WYNDEMERE WAY**
CITY-STATE-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D MITTLER, NANCY M**
STREET ADDRESS **874 WYNDEMERE WAY**
CITY-STATE-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT, DIRECTOR** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **3440 DONOSO Ct**

1.4 CITY-STATE-ZIP **NAPLES, FL. 33999**

2.1 TITLE **V.P., DIRECTOR** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **3440 DONOSO Ct**

2.4 CITY-STATE-ZIP **NAPLES, FL. 33999**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

Stephen Mittler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN MITTLER, PRESIDENT **4/5/96** **841-860-6352**
Date Daytime Phone

CR2E034 (12/95)