

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 # **V62761** (4)

1. Corporation Name  
**DAMAR III, INC.**



Principal Place of Business  
**411 E SHERIDAN STREET  
DANIA FL 33004**

Mailing Address  
**411 E SHERIDAN STREET  
DANIA FL 33004**

3. Date Incorporated or Qualified <b>09/09/1992</b>	3a. Date of Last Report <b>04/13/1995</b>
4. FEI Number <b>65-0359962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. City & State
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TESTA, GRACE B  
654 HIBISCUS DRIVE  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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:

(Signature of person making the filing agent is not applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP TESTA, MORTON B. 654 HIBISCUS DRIVE HALLANDALE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP TESTA, GRACE B. 654 HIBISCUS DR. HALLANDALE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)