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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

V66093

(8)

Corporation Name
 GEORGE DAACON, P.A.

Principal Place of Business 850 RIVERSIDE DRIVE CORAL SPRINGS FL 33071 IIS Mailing Address

850 RIVERSIDE DRIVE CORAL SPRINGS FL 33071 US



		45			3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1995	
2. Principal Place of Business		2a. Maiimg Addres	2a. Maining Address		4. FEI Number	Applied For
21		26	<u>├</u> 1		65-0369803 Not Applica	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		T	\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		Oity & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees	
Zφ	Country	Zφ	Country		8. This corporation has liability for intangule tax under s. 199.032,	
24	25	29	30		Florida Statutes Yes WNo	
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered	J Agent
DAACON, GEORGE, P.A. 850 RIVERSIDE DRIVE CORAL SPRINGS FL 33071				Name Street Addr	Name Street Address (P.O. Box Number is Not Acceptable)	
			84 City		Et .	85 Zip Code
or registered famil ar with	diagent or both, in the State	of Honda, Such change was au of, Section 607.0505, Florida St	itherized by the corpo	oration's boar	ation submits this statement for the purpose of child of directors. Thereby accept the appointment a	anging its registered office s registered agent. I am
12.	OFFICE	ERS AND DIRECTORS	■ 13.	r a Bustoner der lende	ADDITIONS/CHANGES TO OFFICERS AN	n nier choes ist is
TITLE	P	☐ DELE!			ADDATIONS OF ANGES TO OFFICERS AN	Change Addition
NAME	DAACON OFODOF					
1	8588 NW 43 CT		1.2 NAME			[]
STREET ADDRESS	CORAL SPRINGS FL		1.3 STREET	1		
CITY-ST-ZIP DTLE	OOINE OF THIROUTE		14 C/TY - S	1 - 7iP	Channe D Addition	
		[_] beter				Change Addition
NAME			2.2 NAME			
STREFT ADDRESS			2.3 STREST ADDRESS			
CITY-ST-ZIP			2.4.C.TY-ST-ZiP			
TITLE		☐ DEFE1				☐ Change ☐ Addition
NAME			3.2 NAM:			
STREET ADDRESS			33 SIMEEI	ADDRESS		
CITY - ST - ZIP			3.4 Oil Y - S	1 - ZIP		
THILE		☐ DECET				Change Addition
MAME			4.2 NAME			
STREET ADDRESS			43 STREET	ADDRESS		
CITY - ST - ZIP			4.4 CHY - S	T - ZIP		
TITLE		DELET	E 5 1 Tille			Change Addition
NAME			5.2 NAM6			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY - SI	r - ZIP		
TITLE		DELET	****			☐ Change ☐ Addition
NAME			6.2 NAME			_
STREET ADDRESS			63 STREET	ADORESS		
CHTY-ST-ZIP			64 CHY-S			
	certify that the information is the information indicated on that amilian officer or director of the Block 12 or Block 13 if difference	ipplied with this filing is voluntar his annual report or supplement in corporation or the receiver or acd or on an attachment with a	ly furnished and does al annual report is tru trustee empowered to address.	s not qualify for e and accura o execute this	or the exemption stated in Section 119.07(3)(k), Fl ite and that my signature shall have the same lega s report as required by Chapter 607, Florida Statu	orida Statutes, I further il effect as if made under utes; and that my name

SIGNATURE:

GNATURE AND TYPE OR ADNITED NAME OF SIGNING OFFICER OR DIRECTOR

April 28

(954) 753-1549