

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 759692 (7)

1. Corporation Name

DANIANS SOUTH MANAGEMENT FOUR, INC.



Principal Place of Business

Mailing Address

505
501 E. DANIA BCH. BLVD. BLD #4
DANIA FL 33004

505
501 E. DANIA BCH. BLVD. BLD #4
DANIA FL 33004

3. Date Incorporated or Qualified 08/19/1981
3a. Date of Last Report 03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 505 E. DANIA Bch Blvd. #4

26 505 E. DANIA Bch Blvd #4

4. FEI Number 59-2136084
Applied For Not Applicable

22 Suite, Apt. #, etc. DANIA

27 Suite, Apt. #, etc. DANIA

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

23 City & State Florida

28 City & State Florida

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

24 Zip 33004

25 Country BROWARD

29 Zip 33004

30 Country BROWARD

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTEL, HARVEY
524 S ANDREWS AVE SUITE 101
FT LAUDERDALE FL

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | CREAMER, DORIS | |
| STREET ADDRESS | 501 E DANIA BEACH BLVD. #4 | |
| CITY - ST - ZIP | DANIA FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | RYLL, GRACE | |
| STREET ADDRESS | 501 E. DANIA BEACH BLVD. #4 | |
| CITY - ST - ZIP | DANIA FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BROWN, IRENE W. | |
| STREET ADDRESS | 501 E. DANIA BEACH BLVD. #4 | |
| CITY - ST - ZIP | DANIA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|---------------------|-------------------------------------|--|
| 1.1 TITLE | P.D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | STERANKO, John | |
| 1.3 STREET ADDRESS | Bldg #4 Apt 2-L | |
| 1.4 CITY - ST - ZIP | 505 E DANIA Bch Blvd DANIA FL 33004 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irene W Brown - Treas. 3/4/96 1-954-940308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)