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Secretary of State
03-03-1999 90017 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000004086**

1. Corporation Name
THE DAIS CORPORATION

Principal Place of Business	Mailing Address
40 MALTA TEST STATION - PLAINS RD. MALTA NY 12020	40 MALTA TEST STATION - PLAINS RD. MALTA NY 12020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2415 Destiny Way Suite, Apt. #, etc. 22 Suite #2 City & State 23 Odessa, Florida Zip 24 33556 Country 25 USA	2a. Mailing Address 26 2415 Destiny Way Suite, Apt. #, etc. 27 Suite #2 City & State 28 Odessa, FLORIDA Zip 29 33556 Country 30 USA

3. Date Incorporated or Qualifed: 07/17/1998

4. FEI Number: 14-1760865 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TANGREDI, TIMOTHY
4326 CLAIRIDGE WAY
PALM HARBOR FL 34685

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE	DV	☐ Change ☒ Addition
NAME	TANGREDI, TIMOTHY N		1.2 NAME	DOELL, Glenn J.	
STREET ADDRESS	4326 CLAIRIDGE WAY		1.3 STREET ADDRESS	4132 Vista Verde Drive, Apt 15	
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP	New Port Richey, FL	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	EHRENBERG, SCOTT G		2.2 NAME	EHRENBERG, SCOTT G.	
STREET ADDRESS	32 SANDI LANE		2.3 STREET ADDRESS	1844 Kismere Drive	
CITY-ST-ZIP	FISHKILL NY 12524		2.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KAYZAKA, RAY		3.2 NAME		
STREET ADDRESS	40 MALTA TEST STATION, PLAINS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MALTA NY 12020		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EHRENBERG, DAVID		4.2 NAME		
STREET ADDRESS	64 GREENWOOD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FREEHOLD NJ 07728		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TANGREDI, PATRICIA		5.2 NAME		
STREET ADDRESS	4326 CLAIRIDGE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WNEK, GARY E		6.2 NAME	WNEK, GARY E	
STREET ADDRESS	12508 ROCKY RIVER DR.		6.3 STREET ADDRESS	12058 Rocky River Drive	
CITY-ST-ZIP	MIDLOTHIAN VA		6.4 CITY-ST-ZIP	Midlothian, VA 23113	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [signature] 1/12/99 727-375-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #