

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P95000045493 (0)**

1. Corporation Name  
**GANEI DAL, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>10065 154TH ROAD NORTH<br/>JUPITER FL 33478</b> | Mailing Address<br><b>10065 154TH ROAD NORTH<br/>JUPITER FL 33478-6839</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/06/1995</b> | 3a. Date of Last Report<br><b>06/12/1996</b> |
|--|--|

|  |                           |   |  |
|--|---------------------------|---|--|
| 2. Principal Place of Business<br>21   | 2a. Mailing Address<br>26 | 4. FEI Number<br><b>APPLIED FOR 65-0594905</b>                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br>22  | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                  |
| City & State<br>23   | City & State<br>28        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                     |
| Zip<br>24  | Country<br>25             | Zip<br>29   | Country<br>30  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |   |  |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MILLER, MORRIS G  
11382 PROSPERITY FARMS ROAD, SUITE 227  
PALM BEACH GARDENS FL 33410**

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

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>BRENDEN, KIMBERLEY<br/>848 WEST CENTER STREET<br/>JUPITER FL 33458</b> | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>ESCHLER, LARRY M<br/>10065 154TH ROAD NORTH<br/>JUPITER FL 33478</b>   | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>GOLDSTEIN, DAVID<br/>10065 154TH ROAD NORTH<br/>JUPITER FL 33478</b>   | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> DELETE |

|  |   |  |
|--|---|--|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <b>KIMBERLEY BRENDEN<br/>99 BEECH STREET<br/>DEDHAM, MA 02026</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I do 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.

SIGNATURE:  **REQUIRED** DATE: **4/25/97** (561) 745-9022

CFR2E034 (9/96)