

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90124 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000045493**

1. Corporation Name
GANEI DAL, INC.

Principal Place of Business
 10065 154TH ROAD NORTH
 JUPITER FL 33478

Mailing Address
 10065 154TH ROAD NORTH
 JUPITER FL 33478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **831 UPLAND ROAD**

2a. Mailing Address
 26 **831 UPLAND ROAD**

3. Date Incorporated or Qualified
06/06/1995

4. FEI Number
65-0594905

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 **WEST PALM BEACH, FL**

28 **WEST PALM BEACH, FL**

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

24 **33401-7853** 25 **USA**

29 **33401-7853** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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
 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

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	D	<input type="checkbox"/> DELETE
NAME	BRENDEN, KIMBERLEY	
STREET ADDRESS	99 BEECH ST	
CITY-ST-ZIP	DEDHAM MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESCHLER, LARRY M	
STREET ADDRESS	10065 154TH ROAD NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, DAVID	
STREET ADDRESS	10065 154TH ROAD NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESCHLER, LARRY M
2.3 STREET ADDRESS	831 UPLAND ROAD
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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 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: *MARK ESCHLER* **MARK ESCHLER** 4-19-99 (561) 832-5528
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)