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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000088702 (2)

DANRA, INC.

Attack

FILED Apr 22 1998 8:00am Secretary of State



CR2E034 (10/97

Principal Place of Business Mailing Address P.O. BOX 862 P.O. BOX 862 PALMETTO FL 34220 PALMETTO FL 34220 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/26/1995</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 Not Applicable 65-0615685 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEACE, DAVID G 509- 9TH ST W Street Address (P.O. Box Number is Not Acceptable) PALMETTO FL 34221 83 84 City 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 rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 T(T) # PEACE, DAVID G NAME 1.2 NAME 509- 9TH ST W STREET ADDRESS 1.3 STREET ADDRESS PALMETTO FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY+ST-ZiP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY - ST- ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the intermation supplied with this filing does not glalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual seport of supplemental annual report is frue 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 roceiver or trustee amported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if panged/or on an attachment with an appear of the corporation 4/14/92 DAVID G. PORCO QW-120-2272