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

**PROFIT** CORPORATION ANNUAL REPORT 1998

2. Principal Place of Business

21



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000018098 (9)

2a. Mailing Address

DAYCO OF SOUTH FLORIDA CORP.

Principal Place of Business Mailing Address GREGORY R. FRANCUZ 848 BRICKELL AVENUE, SUITE 810 GREGORY R. FRANCUZ 848 BRICKELL AVENUE, SUITE 810 MIAM! FL 33131 MIAMI FL 33131

**FILED** May 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

1-21-98 (305)377-8333

Applied For

3. Date Incorporated or Qualified 02/27/1996

21		26			65-0650024	Not Applica	able	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	<i>i</i> ]	
22		27			C. Commodic of citation beared	Fee Required		
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be	ŀ	
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees		
Zip	Country	Zφ	Country	'	8. This corporation owes or has a		ļ	
24	25	29	30		Personal Property Tax due Jui			
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New F	tegistered Agent		
_	RANCUZ, GREGORY R		01	Name			- [	
848 BRICKELL AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 810			-	ļ.—.—				
MIAMI FL 33131			83	(			Ţ	
			84	City	·	85 Zip Code	$\neg \neg$	
			l			FL   S   E   C   C   C   C   C   C   C   C   C	]	
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 of ligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
<del></del>	Signature, typod or printed name of registered age			ni signalire	e required when reinstating)	DATE TO THE TOTAL PARTY OF THE T	1	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFF	Change L Addi	ition	
TITLE		C) DETER	1			C) change C woo	tion ]	
NAME	D'AGOSTINO, FRANCO	TTE AAA	1.2 NAME				}	
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NAME	D'AGOSTINO, LUIS ALFRED	U	2.2 NAME		<b>\</b>		- 1	
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NAME	FRANCUZ, GREGORY R		5.2 NAME				i	
STREET ADDRESS	848 BRICKELL AVE, 810		5.3 STREET				- {	
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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 of 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 an attached not address.								