

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S44584** (8)

1. Corporation Name:
EVERARD DALEY, INC.



Principal Place of Business: **6837 LIMPKIN DR ORLANDO FL 32810**
Mailing Address: **6837 LIMPKIN DR ORLANDO FL 32810**

3. Date Incorporated or Qualified: **04/08/1991** 3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-3066058** Applied For: Not Applicable
5. Certificate 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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**DALEY, EVERARD
6837 LIMPKIN DRIVE
ORLANDO FL 32810**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL 85**

11. Pursuant to the provisions of Sections 607.050(2) and 607.150(4), 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 607.050(4), Florida Statutes.

SIGNATURE: _____

2. Title: _____

CS#

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/> DELETE
NAME	DALEY, EVERARD	
STREET ADDRESS	6837 LIMPKIN DR	
CITY, ST, ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE: *Everard Daley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
407862-9207
Date of Filing

CR2E034 (12/95)