

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 30 AM 8:17

DOCUMENT # 170882 (5)

1. Corporation Name  
JOE DANIEL, INC.

Principal Place of Business Mailing Address  
P.O. BOX 494 P.O. BOX 494  
16400 NW 57 AVE. 16400 NW 57 AVE.  
HIALEAH FL 33014 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/22/1952	03/07/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-0709883	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
MEADOR, DOTTI CAPELETTI 16401 N.W. 58 AVENUE HIALEAH FL 33014				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				10. Name and Address of New Registered Agent	
				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 re-registering. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERENO, A. J.	1.2 NAME	
STREET ADDRESS	1360 MENDAVIA	1.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOR, D.C.	2.2 NAME	
STREET ADDRESS	15900 W. PRESTWICK PLACE	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI LAKES FL	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWELL, W. R.	3.2 NAME	
STREET ADDRESS	14531 SABAL PLAM DR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	3.4 CITY, ST, ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPELETTI, J.D.	4.2 NAME	
STREET ADDRESS	4918 EXETER ESTATE LANE	4.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH FL	4.4 CITY, ST, ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITCHENS, O.L.	5.2 NAME	
STREET ADDRESS	4600 JACKSON ST.	5.3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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(3)(b), 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: Dotti Capelletti Meador 5/22/95 305-823-9500  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type) (Type) (Phone #)  
Dotti Capelletti Meador, V.P.