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May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 293312 (5)

1. Corporation Name
DAELAND HOUSING CORP.

Principal Place of Business
4675 PONCE DE LEON BLVD. STE 302
CORAL GABLES FL 33146
US

Mailing Address
4675 PONCE DE LEON BLVD. STE 302
CORAL GABLES FL 33146
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9301 S. W. 92nd. Ave.

2a. Mailing Address
9301 S. W. 92nd. Ave.

21 Suite, Apt. #, etc.
Unit A

26 Suite, Apt. #, etc.
Unit A

22 City & State
Miami, Fl.

27 City & State
Miami, Fl.

23 Zip Country
33176 USA

28 Zip Country
33176 USA

3. Date Incorporated or Qualified
05/26/1965

4. FEI Number
59-1111089

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JENNINGS, MILTON S
4675 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9301 S. W. 92nd. Ave.

83 Unit A

84 City, Miami, FL

85 Zip Code
33176

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
JENNINGS, MILTON S
4675 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
ECKROADE, CAROLYN E
4675 PONCE DE LEON BLVD STE 302
CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
9301 S. W. 92nd. Ave., Unit A
Miami, Florida 33176

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
9301 S. W. 92nd. Ave., Unit A
Miami, Florida 33176

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE

Carolyn E. Eckroade, DVS

4/28/98 (305) 273-7355

CR2E034 (10/97)