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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

[23]

6401 9TH STREET NORTH ST. PETERSBURG FL 33702-8623



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 322927

(5)

6401 9TH STREET NORTH ST. PETERSBURG FL 33702-6623

DANIELS ENTERPRISES, INC.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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		FILEL)
Apr	15	1997	8:00am
Se	cre	tary o	f State

	& 8190 BIBIO BIBIO 888 BB 8191 BI

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0372958

Not Applicable

04/15/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

01/08/1967

59-1212466

4. FEI Number

Zip	<u></u>	Country	Ζιρ	Co	untry	ту		8. This corporation has liability for intangible tax under s. 199.032,						
24	25 29 30		Florida Statutes Yes No											
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent								
	IELS, THOMAS	B. JR			81	Name								
6401 9TH ST N St Petersburg FL 33702			82 Street Address (P.O. Box Number is Not Acceptable)											
0,72,2,10041,072,0072			83											
					84	City					F	85	Zip C	ode
At Describe the accident of Caption (CC7 0000) and CC7 4000 Florida Contract the ob-					hove	namar	Corner	ation exhaute	thic ctate	ment for t		= ii	ing ite	rogistored
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														
SIGNATURE.														
	Signature typed or pri	nied name of registered agent a				nt signatur	e required	when reinstating)	10/01/14/16	SEO TO 6	DATE	ID DIREC	***	
12.		OFFICERS AND D	DELETE	13.			Т	AUDITIO	NS/CHANG	SES TO C	FFICERS A			Addition
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14. Ldo bereb	ov certify that the	information supplied a	ith this filing does not an		HTY-SI		stated in	Section 110	07/3\6\ E	lorida Sta	itutes Liturati	er certifu	that •	10
14. If do 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 path; that I am an officer or director of the corporation or the receiver or trusteg-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.														