FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **605878** **(8)**

1. Corporation Name

DAISY BUILDING MAINTENANCE, INC.

Principal Place of Business

6580 SANTONA #31
CORAL GABLES FL 33146

Mailing Address

6580 SANTONA #31
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: **01/08/1979**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-1895636** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOON, ALBERT E
311 BISCAYNE BLDG
19 W FLAGLER ST
MIAMI FL 33130

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 607.1905, 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. The 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:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SCLAFANI, ANTHONY J		2 NAME	
STREET ADDRESS	6580 SANTONA ST #31		3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	SCLAFANI, NANCY		6 NAME	
STREET ADDRESS	6580 SANTONA ST #31		7 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		8 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	SCLAFANI, NANCY		10 NAME	
STREET ADDRESS	6580 SANTONA ST #31		11 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is true and accurate, that this electronic 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: [signature] NANCY SCLAFANI 4/11/96 661-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)