05-05-1999 90120 034 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 845111

Principal Place of Business

DANKER LABORATORIES, INC.

6805-C 33RD ST EAST SARASOTA FL 34243 US		6905-C 33RD STREET EAST SARASOTA FL 34243				3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/31/1980					
2. Principal Pl	ace of Business	2a. Mailing Address				4.	, FEI Number		$\overline{}$	App	lied For	
21		26					11-1884964		-	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-	O effects of Otation Desired		\$8.7	75 A	dditional	
22		27	27				. Certifcate of Status Desired		Fe	e Rec	uired	
City & State	e	City & State	City & State			6	. Election Campaign Financing		\$5.	1 00 .	vlay Be	
23		28					Trust Fund Contribution		Ad	ded to	Fees	
Zip	Country	Zip	¬ ' — —			8	. This corporation owes the cur	rent year Inta	_			
24	25 29 30			<u> </u>			Personal Property Tax.		☐ Yes	!	□No	
	9. Name and Address of Current	Registered Agent		81	Nam		. Name and Address of New	Registered A	gent			
GASSEL, GARY I.				81 Name								
	N. WASHINGTON BLVD. #200		82 Stre			et Address (I	P.O. Box Number is Not Accept	able)				
	ASOTA FL 34236											
				84	City				85	Zip C	ode	
	to the provisions of Sections 607.0502							FL	$\perp \perp$	- 11 -	:	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change was a ons of, Section 607.0505, Florida	authorized orida Statu	by ites.	the cor	re required when	reinstating)	DATE		as reg		
12.	OFFICERS ANI	DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS ANI	_			
TITLE	D	☐ DELETE	1,1 TIT	LE					Cha	nge	☐ Addition	
NAME	DANKER, FREDERICK J		1.2 NA	ME								
STREET ADDRESS	6805-C 33RD ST. E.		1.3 STF		ADDRES	SS						
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CIT		r-zip				<u></u>			
TITLE		☐ DELETE	2.1 TIT						Cha	inge	Addition	
NAME			2.2 NA									
STREET ADDRESS					2.3 STREET ADDRESS							
CITY-ST-ZIP		□ DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE					□ Cha		Addition	
TITLE									Ona	ige		
NAME			3.2 NA		* * DODGG							
STREET ADDRESS			3.4. CF		ADDRES	33						
CITY-ST-ZIP TITLE		□ DELETE	4.1 TIT		1-212	+			[] Cha	inge	Addition	
NAME			4, 2 NA						_	_		
STREET ADDRESS					TADDRES	22						
CITY-ST-ZIP			4.4 CIT									
TITLE		☐ DELETE	5.1 TIT						Cha	inge	☐ Addition	
NAME			5.2 NA	ME	•							
STREET ADDRESS			5.3 STI	REET	TADORES	ss						
CITY-ST-ZIP			5.4 CIT	Y-ST	r-zip							
TITLE		☐ DELETE	6.1 मा						Cha	ınge	☐ Addition	
NAME			6.2 NA	ME								

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP