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FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F09055

(7)

1. Corporation Name

HAPPY DAZE UNLIMITED, IV, INC.

Principal Place of Business

1 GROVE ISLE DR  
STE 1005 PH10  
COCONUT GROVE FL 33133  
US

Mailing Address

1 GROVE ISLE DR  
STE 1005 PH10  
COCONUT GROVE FL 33133-4107  
US

3. Date Incorporated or Qualified  
12/12/1980

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

21 1 GROVE ISLE DR

Suite, Apt. #, etc.

22 PH10

City & State

23 COCONUT GROVE FL

Zip

24 33133

Country

25

2a. Mailing Address

26 1 GROVE ISLE DR

Suite, Apt. #, etc.

27 STE PH10

City & State

28 COCONUT GROVE FL

Zip

29 33133

Country

30

4. FEI Number

59-3254132

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALMAS, IVAN  
1 GROVE ISLE DR  
STE 1005 PH10  
COCONUT GROVE FL 33133

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALMAS, IVAN  
STREET ADDRESS 1 GROVE ISLE DR  
CITY-ST-ZIP COCONUT GROVE FL

☐ DELETE

TITLE VP  
NAME ALMAS, RICK  
STREET ADDRESS P.O. BOX 797  
CITY-ST-ZIP BRECKENRIDGE CO

☐ DELETE

TITLE VP  
NAME ALMAS, RICH  
STREET ADDRESS 9359 HWY #9  
CITY-ST-ZIP BRECKENRIDGE CO

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME ALMAS, IVAN  
1.3 STREET ADDRESS 1 GROVE ISLE DR PH10  
1.4 CITY-ST-ZIP COCONUT GROVE FL 33133

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)