FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
[illegible] 8:05
[illegible] OF STATE
[illegible], FLORIDA

DOCUMENT # **F44495** **(2)**

1. Corporation Name
DALEANGIN, INC.

Principal Place of Business	Mailing Address
1416 OLD OKEECHOBEE RD W PALM BCH FL 33401	1416 OLD OKEECHOBEE RD W PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1981**
3a. Date of Last Report: **04/05/1994**

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:

4. FEI Number: **59-2169625** ☐ 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

7. This corporation is liable for emergency tax under S. 199.292, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOULE, JOSEPH D
1416 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V	1.1 TITLE	☐ Change ☐ Addition
12 NAME	SOULE, JENNIFER R	1.2 NAME	
13 STREET ADDRESS	124 EBBTIDE DR.	1.3 STREET ADDRESS	
14 CITY ST ZIP	N. PALM BEACH FL	1.4 CITY ST ZIP	
21 TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
22 NAME	SOULE, JENNIFER R	2.2 NAME	
23 STREET ADDRESS	124 EBBTIDE DR.	2.3 STREET ADDRESS	
24 CITY ST ZIP	N. PALM BEACH FL	2.4 CITY ST ZIP	
31 TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
32 NAME	SOULE, JOSEPH D	3.2 NAME	
33 STREET ADDRESS	124 EBBTIDE DR.	3.3 STREET ADDRESS	
34 CITY ST ZIP	N. PALM BEACH FL	3.4 CITY ST ZIP	
41 TITLE		4.1 TITLE	☐ Change ☐ Addition
42 NAME		4.2 NAME	
43 STREET ADDRESS		4.3 STREET ADDRESS	
44 CITY ST ZIP		4.4 CITY ST ZIP	
51 TITLE		5.1 TITLE	☐ Change ☐ Addition
52 NAME		5.2 NAME	
53 STREET ADDRESS		5.3 STREET ADDRESS	
54 CITY ST ZIP		5.4 CITY ST ZIP	
61 TITLE		6.1 TITLE	☐ Change ☐ Addition
62 NAME		6.2 NAME	
63 STREET ADDRESS		6.3 STREET ADDRESS	
64 CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on the annual report or supplemental annual report is true and correct 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: Jennifer R Soule Jennifer R. SOULE Secretary 5/8/95 407-833-3396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0495004 FP