

FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90015 007 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # F93000002431

1. Corporation Name
D.A.C. MEMORIAL FOUNDATION INC.

| | |
|--|--|
| Principal Place of Business 28779 WILD COFFEE CT BONITA SPRINGS FL 34135 US | Mailing Address 28779 WILD COFFEE CT BONITA SPRINGS FL 34135 US |
|--|--|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/24/1993 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 33-0299285 Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
PLEASE SEE CHANGE OF AGENT FILED

82 Street Address (P.O. Box Number is Not Acceptable)
DECEMBER 7, 1998

83

84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

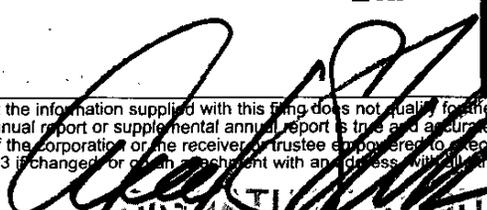
12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SCHAEFFER, NEIL | |
| STREET ADDRESS | 28779 WILD COFFEE CT | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | STALK, ARNOLD | |
| STREET ADDRESS | 311 S VALLEY VIEW BLVD B-210 | |
| CITY-ST-ZIP | LAS VEGAS NV 89102 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FINE, FRANCES-ANN | |
| STREET ADDRESS | FA. DIV. E. 3RD FL. 601 NO PECOD ROAD | |
| CITY-ST-ZIP | LAS VEGAS NV | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VTD |
| 2.3 STREET ADDRESS | STALK, ARNOLD |
| 2.4 CITY-ST-ZIP | 818 W. BROOKS AVENUE NORTH LAS VEGAS, NV 89030 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of a new attachment with an address with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 1-25-99 702-313-3700
Date Daytime Phone #

CR2E037 (1/198)