

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001755 (5)

1. Corporation Name
DALYN INTERNATIONAL CORPORATION

Principal Place of Business 14848 OLD US 41 SUITE #11 NAPLES FL 33963	Mailing Address 14848 OLD US 41 SUITE #11 NAPLES FL 34110-8445
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2. Principal Place of Business 21 6017 Pine Ridge Road Suite, Apt. #, etc. 184 City & State Naples FL Zip 34119 Country Collier		2a. Mailing Address 26 6017 Pine Ridge Road Suite, Apt. #, etc. 184 City & State Naples FL Zip 34119 Country Collier		3. Date Incorporated or Qualified 04/09/1996	3a. Date of Last Report 5-1-96
				4. FEI Number 52-1887391	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 KLEEYMER, TERAH 2346 NAPLES TRACE CIR, UNIT 2 NAPLES FL 33942		10. Name and Address of New Registered Agent 81 Name Danielle Rice 82 Street Address (P.O. Box Number is Not Acceptable) 2488 Millcreek Lane #103 83 84 City Naples FL 85 Zip Code 34119	
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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 Danielle J. Rice DATE 4-28-97
(Signature of person or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☒ Change ☐ Addition
NAME	JUSTICE, JIMMY	1.2 NAME	
STREET ADDRESS	3814 AKERS DRIVE	1.3 STREET ADDRESS	6017 Pine Ridge Rd. #184
CITY-ST-ZIP	MT AIRY MD	1.4 CITY-ST-ZIP	Naples, FL 34119
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	JUSTICE, CECILENE	2.2 NAME	
STREET ADDRESS	3814 AKERS DRIVE	2.3 STREET ADDRESS	6017 Pine Ridge Rd. #184
CITY-ST-ZIP	MT AIRY MD	2.4 CITY-ST-ZIP	Naples, FL 34119
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Jimmy L. Justice DATE 4-28-97 941-514-8682

CR2E034 (9/96)