

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90069 013 ***150.00

DOCUMENT # F96000001755

1. Corporation Name

DALYN INTERNATIONAL CORPORATION

Principal Place of Business

6017 PINE RIDGE RD
SUITE 184
NAPLES FL 34119
US

Mailing Address

6017 PINE RIDGE RD
SUITE 184
NAPLES FL 34119
US

2. Principal Place of Business

21 1340 Charleston Sq. Dr.
Suite, Apt. #, etc.

22 203

23 Naples FL

24 34110 25 Collier

2a. Mailing Address

26 1340 Charleston Sq. Dr.
Suite, Apt. #, etc.

27 203

28 Naples FL

29 34110 30 Collier

9. Name and Address of Current Registered Agent

RICE, DANIELLE
2488 MILLCREEK LN #103
NAPLES FL 34119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1996

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Danielle Rice

82 Street Address (P.O. Box Number is Not Acceptable)

1340 Charleston Sq. Dr. #203

83

84 City

Naples

FL

85 Zip Code

34110

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

Danielle J. Rice

3-21-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME JUSTICE, JIMMY
STREET ADDRESS 6017 PINE RIDGE RD #184
CITY-ST-ZIP NAPLES FL

TITLE V ☐ DELETE

NAME JUSTICE, CECILENE
STREET ADDRESS 6017 PINE RIDGE RD #184
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1340 Charleston Sq. Dr. #203
Naples, FL 34110

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1340 Charleston Sq. Dr. #203
Naples, FL 34110

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-99

Date

941-514-8682

Daytime Phone #

CR2E034 (11/98)

0460705