

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  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90011 034 \*\*\*150.00

DOCUMENT # F98000000760

1. Corporation Name

DAN'L CORPORATION OF DE



Principal Place of Business

139 BLUFFVIEW DR., #407  
BELLEAIR BLUFFS FL 33770

Mailing Address

139 BLUFFVIEW DR., #407  
BELLEAIR BLUFFS FL 33770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

65-0789125

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

2. Principal Place of Business

2a. Mailing Address

21 601 ROSERY ROAD NE

26 601 ROSERY ROAD NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 801

27 801

City & State

City & State

23 LARGO, FL

28 LARGO, FL

Zip

Country USA

Zip

Country

24 33770

25 PINELLAS

29 33770

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIQUETE, DANIEL R  
139 BLUFFVIEW DR., #407  
BELLEAIR BLUFFS FL 33770

81 Name

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

601 ROSERY ROAD NE

83 #801

84 City LARGO

85 Zip Code FL 33770

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

*Daniel R. Liquete*  
Signature, typed or printed name of registered agent, and date if applicable.

DANIEL R. LIQUETE, PRESIDENT

6/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTDC  
NAME LIQUETE, DANIEL R  
STREET ADDRESS 139 BLUFFVIEW DR., #407  
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

☒ DELETE

1.1 TITLE PTDC  
1.2 NAME LIQUETE, DANIEL R.  
1.3 STREET ADDRESS 601 ROSERY ROAD NE, #801  
1.4 CITY-ST-ZIP LARGO, FL 33770

☒ Change ☐ Addition

TITLE VSD  
NAME LIQUETE, TRACY N  
STREET ADDRESS 2240 RIDGE DR., #13N  
CITY-ST-ZIP MINNEAPOLIS MN 55416

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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:

*Daniel R. Liquete*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL R. LIQUETE  
PRESIDENT

Date

6/1/99

Daytime Phone #

(727) 584-7797

CR2E034 (11/98)