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 Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90055 003 ***150.00

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DOCUMENT # G32296

1. Corporation Name

DANIEL PROPERTIES INC.

			<u> </u>				
Principal Place	e of Business	Mailing Address			1 1001111 5000 11110 (1010 11010 16110 0111	11811 61811 81811 81811 1	91 9 11 9 1917 1 9 07
2407 JOHNSON ST 2415 JOHNSON ST				+ -			
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 US					DO NOT WRITE IN THIS SPACE		
		•			3. Date Incorporated or Qualifed		
					04/07/1983		
Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For	
21		26			59-2610837		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be to Fees
Zip Country		Zip	_ ·		8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	☑ Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regist	areo Agent	
BRO	USSEAU, DENIS			Name			
2415 JOHNSON ST			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33020		83	3			
			84	l City		85 Zip 0	Code
				'	poration submits this statement for the purpo	FL	
SIGNATURE	Signature, typed or printed name of registered ag			ent signature require	ad when reinstating) DA		DS IN 12
12.	OFFICERS A	CERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	BROUSSEAU, DENIS	☐ DELETE	1.1 TITLE 1.2 NAME			Change	
NAME STREET ADDRESS	2415 JOHNSON ST.		1	ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL	WOOD EI		ST-ZIP			
TITLE	Ρ	☐ DELETE	2.1 TITLE	-		☐ Change	☐ Addition
NAME	Brousseau, Měrielle		2.2 NAME				
STREET ADDRESS	2415 JOHNSON ST		2.3 STREE	ET ADORESS			
CITY-ST-ZIP	HOLLYWOOD FL	***************************************	2. 4 CITY-	ST-ZIP			
TITLE	,	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	·	,	3.2 NAME				
STREET ADDRESS				ET ADDRESS	•		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE			☐ Change	Addition
NAME	1 •	, <u> </u>	4. 2 NAME			_ ,	_
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4,4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE	,	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	٠,		6.2 NAME	ET ADDRESS		a.	
STREET ADDRESS	;		6.3 STREE				
CITY-ST-ZIP			0.4 6/117	31-27			

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:

CR2E034 (11/98)