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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H43689 (9)

1. Corporation Name
DANCHAR, INC.

Principal Place of Business

1626 90 AVENUE
P O BOX 370
VERO BCH. FL 32961

Mailing Address

1626 90 AVENUE
P O BOX 370
VERO BCH. FL 32961-0370



3. Date Incorporated or Qualified
02/18/1985

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2502317

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

RICHARDSON, DAN K.
1855-28TH AVE.
P.O. BOX 370
VERO BEACH FL 32961

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHARDSON, DANFORTH K.
STREET ADDRESS 1855 28 AVE.
CITY-ST-ZIP VERO BCH. FL

TITLE VAT
NAME KAHLE, GEORGE A.
STREET ADDRESS 6020 S.W. 5TH ST
CITY-ST-ZIP VERO BEACH FL

TITLE VAS
NAME LUTHER, JOHN M.
STREET ADDRESS 555 S. A1A
CITY-ST-ZIP VERO BEACH FL

TITLE D
NAME KAHLE, GEORGE A.
STREET ADDRESS 6020 S.W. 5TH ST
CITY-ST-ZIP VERO BEACH FL

TITLE ST
NAME PEREZ, THOMAS RENE
STREET ADDRESS 2019 CORTEZ AVENUE
CITY-ST-ZIP VERO BCH. FL

TITLE D
NAME LUTHER, JOHN M.
STREET ADDRESS 555 S. A1A
CITY-ST-ZIP VERO BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)