

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2502317	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, DANFORTH K.			1.2 NAME			
STREET ADDRESS	1855 28 AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH. FL			1.4 CITY-ST-ZIP			
TITLE	VAT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAHLE, GEORGE A.			2.2 NAME			
STREET ADDRESS	6020 S.W. 5TH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTHER, JOHN M.			3.2 NAME			
STREET ADDRESS	555 S. A1A			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAHLE, GEORGE A.			4.2 NAME			
STREET ADDRESS	6020 S.W. 5TH ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			4.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, THOMAS RENE			5.2 NAME			
STREET ADDRESS	2019 CORTEZ AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH. FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTHER, JOHN M.			6.2 NAME			
STREET ADDRESS	555 S. A1A			6.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH. FL			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 employed 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 # 0116189

CR2E034 (10/97)