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

## **PROFIT** CORPORATION ANNUAL REPORT

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS						Apr 14 1998 8:00am Secretary of State					
DOCUMENT # J31303 (7)															
MCDANIEL ENTERPRISES, INC.										,					
MANUALP PHINT HAPA) HAA.											I Praanija dijab dini	N AMARA MANA BANAR	III BIBN ANI	I ALAN BIAN SI	B)
Ļ	Principal Place of Business Mailing Address														
3612-99TH ST WEST 3812-99TH ST, W															
BRDENTON FL 34210 BRADENTON FL 34210 US US											{	DO NOT WRIT	E IN THIS	SPACE	
<b>!</b>	70				US						3. Date Incorporat	ed or Qualified	<u> </u>		
Principal Place of Business     2a, Mailing Address											08/26/1986 4. FEI Number				Applied For
21	rimolpairi	iace or positi	635	26 Maning Address						59-271217	3		<del></del>	lot Applicable	
,	Suite, Apt.	#, elc.		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.						5. Certificate of Sta				Additional
22	City & State	<del></del>			City & State						6. Election Campa				Required  May Be
23	<u> </u>					28					Trust Fund Conf				to Fees
24	Zip	Country				Zip Cour					8. This corporation Personal Proper	•			ntangible
24 25 29 30 30 9, Name and Address of Current Registered Agent											10. Name and Add		<u> </u>		L NO
	WE	BB, CHARL	ES W.				Name			<u> </u>					
2172 HILLVIEW ST									Street	Addre	ss (P.O. Box Number	is Not Accepta	ible)		
SARASOTA FL								83						·	
								84	City					las i Zin	Codo
													FL		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 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 a agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.														its registered s registered	
S	IGNATURE	Signature, typed		e of registered agent a				od Age	nt signature	requirec	when reinstating)		DATE		
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14. I hereby certify that the information supplied with this filling 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:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED