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

FILED PROFIT May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # J39163 **DANIELS & ROBERTS. INC.** Principal Place of Business Mailing Address 1001 YAMATO ROAD, STE 406 1001 YAMATO ROAD, STE 406 **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/23/1986</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-2752509 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country B. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MUGGEO, DANIEL 1001 YAMATO ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 406 83 **BOCA RATON FL 33487** 84 City Zip Code 85 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, if 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 11THE Change NAME MUGGEO, DANIEL A. 1.2 NAME 1015 Island Drive STREET ADDRESS 2351 TIMBERCREEK CIRCLE 1.3 STREET ADDRESS Delray Beach FL <u>Bo</u>ca raton fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ___ Change Addition NAME CARRATELLI, ROBERT 2.2 NAME STREET ADDRESS 10398 CANOE BROOK CIR 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP □ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP TITLE ☐ DELETÉ 6 1 TITLE ☐ Change Addition NAME 6.2 NAME

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 of 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 chapterd, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE.

STREET ADDRESS

CITY-ST-ZIP

4-9-98

5/11-201-00/1/a