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

PROFIT CORPORATION ANNUAL REPORT

1997

REBECCA DANIEL, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J86992

FILED Feb 27 1997 8:00am Secretary of State



Principal Place of Busin	1688	Mailing Address							
2227-29 E. 7TH AVE.		2227-29 E. 7TH AV	2227-29 E. 7TH AVE.						
TAMPA FL 33605 US		US	TAMPA FL 33605-4001 US			3. Date Incorporated or Qualified 3a. Date of Last Report			
						08/06/1987	01/2	24/1996	
2. Principal Place of Bu	usinass	├ -	2a. Mailing Address			4. FEI Number 59-2840089			pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CO 75 Additional				
22		27			5. Certificate of Status Desired			Additional equired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coi	untry	,	8. This corporation has liability for			s. 199.032,
24	25	29	30					J No	
	me and Address of Curre	nt Registered Agent		61	Nome	10. Name and Address of New Re	gistered A	gent	
CONNER, V				"'	Name				
2229 E. 7Th		82 St			ddress (P.O. Box Number is Not Acceptable)				
TAMPA FL S	33605			63		· · · · · · · · · · · · · · · · · · ·			
									<u> </u>
				84	City		FL	85 Zip	Code
SIGNATURI Signature, by	yped or parts o name of registered ag	ent and title if applicable	(NOTE: Registere			ion's board of directors. I hereby acce ed when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE D	EL, REBECCA MAY	☐ DEL						Change	Addition
	E. BROADWAY			IAME TOCCT	ADDRESS				
CITY-ST-ZIP TAMP					ST-ZIP				
TITLE		☐ DEL			11-211			Change	Addition
NAME			2.2 M	IAME					
STREET ADDRESS			2.3 \$	TREET	ADDRESS	• .			
CITY+S1+ZIP			2 4 6	CITY -	ST-ZIP				
111.6		DEL	ETE 3.1 T	ITLE				☐ Change	Addition
NAME			3.2 M	IAME		•			
STREET ADDRESS			3.3 9	TREET	ADDRESS				
CITY - ST - ZIP		T of			ST-ZIP			Channe	1.22%
TITLE		☐ DEL						Change	Addition
NAME			•	NAME					
STREET ADORESS					ADDRESS .				
CITY - ST - ZIP THLE		DEL DEL			ST-ZIP			Change	Addition
NAME		OLC		AME				- Triungo	
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP					ST - ZIP				
TITLE	A	DEL			J, 211			Change	Addition
NAME		*****		NAME	1			•	
STREET ADDRESS					T ADDRESS				
DITY-ST-ZIP					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: