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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # K55359 1. Corporation Name

DAYCORP INC.

Principal Place of Business Mailing Address					Transfer out great street in street			
1 52.57 577 577 577		22404 SWORDFISH DR						
BOCA RATON FL 33428 BOCA RATON FL 33428				DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed 12/23/1988			
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	plied For	
21 26					65-0135781		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certifcate of Status Desired	\$8.75 A Fee Re			
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	· ·	28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	_ Countr	У	8. This corporation owes the current y			
24	25	29 3	<u>o</u>]		Personal Property Tax.		□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
BIRCHANSKY, DAVID					David Birchan			
6950 SW 111 CT					Street Address (P.O. Box Number is Not Acceptable) 27.404 Swordfish Drive			
MIAMI FL 33173				3	LUUG GWOOTER	DITUC		
						1,-1 = 7		
÷				City B	xoca Raton		428	
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	if Finrida. Such change was aut	nonzea b	v the corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its appointment as rec	registered gistered	
SIGNATURE	•						}	
			egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D OFFICERS AIN	DELETE	1.1 TITLE	·	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition	
NAME	BIRCHANSKY, DAVID	- Detero	1.2 NAME			_ •	_	
STREET ADDRESS	6950 SW 111 CT.			ET ADDRESS				
1	MIAMI FL 33173		1.4 CITY-					
CITY-ST-ZIP	marin 12 00110	☐ DELETE	2.1 TITLE			Change	Addition	
NAME		_	2.2 NAME	:			ļ	
STREET ADDRESS		į.		ET ADORESS			1	
ļ			2. 4 CITY		•			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME	:			(
STREET ADDRESS	·		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	_		4. 2 NAMI	E			}	
STREET ADDRESS	•		4.3 STRE	ET ADDRESS			ł	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	

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 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, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

May 01, 1999 8:00 am Secretary of State

05-01-1999 90070 021 ***150.00

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Addition