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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K68166

(3)

DANRYAN, INC.

Mailing Address

% ROBERT E. STOWERS 1927 S.E. 36TH TERR. CAPE CORAL FL 33904

SIGNATURE:

Principal Place of Business

% ROBERT E. STOWERS 1927 S.E. 36TH TERR. CAPE CORAL FL 33904 FILED
May 04 1998 8:00am
Secretary of State

|--|--|

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,	1
2. Principal Place of Business	
Suite, Apt. #, etc  Suite,	d For
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,	plicable
City & State   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Personal Property Tax due June 30   Zive   Na   Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   STOWERS, ROBERT E.   Sireet Address (P.O. Box Number is Not Acceptable)   Sireet Address (P.O. Box Number is Not	
Trust Fund Contribution Added to Find Country Zip	
28   Trust Fund Contribution   Added to Filips   Zip   Country   Zip   Country   R. This corporation owes or has paid the current year Integrity year Integrity   Zip	Be
Personal Property Tax due June 30. Yes No. Name and Address of Current Registered Agent  STOWERS, ROBERT E. 1927 S.E. 36TH TERR. CAPE CORAL FL 33904  83  64 City  FL 85 Zip Cod.  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 rejective agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typed of purpod have of legislered agent and tilled applicable.  DELETE 1.1 TITLE D DELETE 1.1 TITLE D STOWERS, ROBERT E. 1927 S.E. 38TH TERR. 1.2 NAME STREET ADDRESS 1927 S.E. 38TH TERR. 2.2 NAME STOWERS, KIM M. 2.2 NAME STOWERS, KIM M. 300  Personal Property Tax due June 30. Very Name Address of New Registered Agent 10. Name and Address (P.O. Death P.C.)  11. Pursuant to the provisions of Section 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Agent submits this statement for the purpose of changing its registered agent age	
STOWERS, ROBERT E.  1927 S.E. 38TH TERR.  CAPE CORAL FL 33904  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Soctions 607 0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rejoffice 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  D DELETE  1.1 TITLE  STOWERS, ROBERT E.  1.2 NAME  STREET ADDRESS  1927 S.E. 36TH TERR.  1.3 STREET ADDRESS  CAPE CORAL FL  OCHANGE  1.4 CITY-ST-ZIP  DELETE  1.4 CITY-ST-ZIP  AMME  STOWERS, KIM M.  2.2 NAME  STREET ADDRESS  1927 S.E. 38TH TERR.  2.3 STREET ADDRESS	ble
STOWERS, ROBERT E.  1927 S.E. 36TH TERR.  CAPE CORAL FL 33904  83  84 City  FL 85 Zip Cod.  11. Pursuant to the provisions of Sections 607.05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regulation or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reginagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIR! CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  D D DELETE  1.1 TITLE  D Change  TREET ADDRESS  1927 S.E. 36TH TERR.  13 SIRREET ADDRESS  CAPE CORAL FL  14 CITY-ST-ZIP  Change  Change  Change  Change  Change  Change  Change  Change  STOWERS, KIM M.  22 NAME  STREET ADDRESS  1927 S.E. 36TH TERR.  23 SIRREET ADDRESS  1927 S.E. 36TH TERR.	,
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 reportion of Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  D DELETE  1.1 TITLE  D DELETE  1.2 NAME  STOWERS, ROBERT E.  1.2 NAME  STOWERS, KIM M.  2.2 NAME  STOWERS, KIM M.  2.3 STREET ADDRESS  1927 S.E. 38TH TERR.  2.3 STREET ADDRESS  1927 S.E. 38TH TERR.  2.3 STREET ADDRESS	
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T1. Pursuant to the provisions of Soctions 607.05.02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reportion 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, Soction 607.0505. Florida Statutes.  SIGNATURE  SIGNATURE  Signature typed or prepod name of registered agent and title it applicable.  ITILE  D  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Change Change  Change  Change  1.2 NAME  STOWERS, ROBERT E.  1.2 NAME  STOWERS, ROBERT E.  1.3 STREET ADDRESS  CITY-ST-ZIP  CAPE CORAL FL  DELETE  DELETE  2.1 TITLE  D  Change	;
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 preced name of registered agent and titled applicable   (NCITE: Registered Agent signature required when reinstaling)   DATE	
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14. Thereby 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 info 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 a officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appear Block 12 or Block 13 if changed, or on an attachment with an address.	mation m an s in