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

PROFIT CORPORATION ANNUAL REPORT **19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

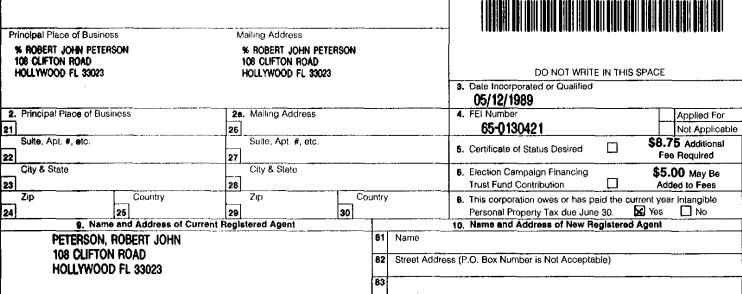
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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DACCII INC	
Principal Place of Business	Mailing Address
% ROBERT JOHN PETERSON 108 CLIFTON ROAD HOLLYWOOD FL 33023	% robert John Peterson 108 Clifton Road Hollywood Fl 33023

FILED May 11 1998 8:00am Secretary of State



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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE						
12.	Signature, typed or printed minie of registered agent and tille if OFFICERS AND DIRECT		Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	OFFICE AS AND DIRECT	DELETE	1.1 TITLE	ADDITIONS/CHAINGES TO OFFICERS AN	Change	Addition
	PETERSON, BEVERLY ANN				C. C. Lauge	Addition
NAME	108 CUFTON ROAD		1.2 NAME			
STREET ADDRESS	HOLLYWOOD FL		, 1.3 STREET ADDRESS	÷.:		
CITY-ST-ZIP	NOLLY WOOD FL	The sec	1.4 City - St - ZiP			
TITLE	DETERMAN CORECT IOUR	DELETE	2.1 TITLE		Change	Addition
NAME	PETERSON, ROBERT JOHN		2.2 NAME			
STREET ADDRESS	108 CLIFTON ROAD		2.3 STREET ADDRESS			
CITY-\$1-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME	•		
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	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	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY - ST- ZIP	·		
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-ZIP			6.4 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 13 if changed, or on an attachment with an address.

4/30/98 3066875013

Zip Code