

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K99557** (6)

1. Corporation Name

**DANLIN ACQUISITION AND INVESTMENT CORP.**

Principal Place of Business

Mailing Address

~~2260 W 77TH ST~~  
~~HIALEAH FL 33016~~

P.O. BOX 821610  
S. FLORIDA FL 33082  
US



2. Principal Place of Business		2a. Mailing Address	
21	12399 SW 53 STREET	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	SUITE 104	27	
City & State		City & State	
23	COOPER CITY, FL	28	
24	Zip 33330	25	Country US
29		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/30/1989	04/07/1995
4. FEI Number	Applied For
65-0151697	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIDO, DANIEL J  
2260 WEST 77TH STREET  
HIALEAH FL 33016

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	2652 EDGEWATER DRIVE
84	City
85	Zip Code
FT. LAUDERDALE	FL 33332

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. I 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIDO, DANIEL J.	1.2 NAME	
STREET ADDRESS	2260 W 77TH STREET	1.3 STREET ADDRESS	2652 EDGEWATER DRIVE
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33332
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINTON, LISA	2.2 NAME	
STREET ADDRESS	2260 WEST 77TH STREET	2.3 STREET ADDRESS	17930 NW 84 AVENUE
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	Miami, FL 33015
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASLEY, DIANE	3.2 NAME	
STREET ADDRESS	2260 W 77TH STREET	3.3 STREET ADDRESS	16267 ERIE PLACE
CITY - ST - ZIP	HIALEAH FL	3.4 CITY - ST - ZIP	DAVE, FL 33331
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIDO, LINDA	4.2 NAME	
STREET ADDRESS	2260 W 77TH STREET	4.3 STREET ADDRESS	2652 EDGEWATER DRIVE
CITY - ST - ZIP	HIALEAH FL	4.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33332
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)