

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 10:37

DOCUMENT # L07764 (8) 1. Corporation Name DANIN MARKETING, INC.

Principal Place of Business 3200 N. FEDERAL HWY #122 BOCA RATON FL 33431 US	Mailing Address 3200 N. FEDERAL HWY STE. #122 BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 7093 N.W. 3RD AVE.	2a. Mailing Address 26 7093 N.W. 3RD AVE.	3. Date Incorporated or Qualified 08/09/1989	3a. Date of Last Report 01/19/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0183358	Applied For ☐ Not Applicable
22	27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City & State 23 BOCA RATON, FL.	City & State 28 BOCA RATON, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 24 33487	Country 25 Palm Beach	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
Zip 29 33487	Country 30 Palm Beach		

9. Name and Address of Current Registered Agent HOPKINS, JOHN O. 185 N.W. SPANISH RIVER BLVD. STE. 110 BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name NINA SAMMONS 82 Street Address (P.O. Box Number is Not Acceptable) 7093 N.W. 3RD AVE. 83 84 City BOCA RATON FL 85 Zip Code 33487
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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 *Nina Sammons* **NINA SAMMONS** (NOTE: Registered Agent signature required when restate) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SAMMONS, NINA	1.2 NAME	
STREET ADDRESS	7093 NW 3RD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SAMMONS, DAVID A.	2.2 NAME	
STREET ADDRESS	7093 N.W. 3RD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nina Sammons* **NINA SAMMONS** 1/20/95 407-241-0010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)