SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

DADENARD, INC.

FILED Sep 17 1998 8:00am Secretary of State



i inicipal riac	AD OF BOSINOSS	Mailing Address					
C/O DENNIS II 2940 N.E. 19TH	H TERRACE	C/O DENNIS MCGINNIS 2940 N.E. 19TH TERRACE			DO NOT WOITE IN THE SOLOT		
LIGHTHOUSE POINT FL 33064-7601		LIGHTHOUSE POINT FL 33064-7601			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
2 Dringland F	None of Duringue	0- 15-16 Add	··		03/06/1990		
	o se 8th ave	2a. Mailing Address	046	100	4. FEI Number Applied F		
21 90 Suite, Apt.	total and and	26 900 5E 8	341	w			
22 Ste 103C 27 Ste 105			3C		5. Certificate of Status Desired \$8.75 Addition Fee Required	Fee Required	
City & Staf	Held Beach #	28 Der Liel	d Be	aeh	8. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Feet		
Zip 33.	Country 25	29 33441 3	Country	/	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No)	
	9. Name and Address of Current R		<u>*</u>		10. Name and Address of New Registered Agent		
MCC	SINNIS, DENNIS		81	Name	·		
2940 N.E. 19TH TERRACE							
LIGHTHOUSE POINT FL 33074				82 Street Address (P.O. Box Number is Not Acceptable)			
2101	MIQUOL I OIMI I L 000/4		83				
						}	
			84	City	FL 85 Zip Code		
11. Pursuani	to the provisions of sections 607 0502 as	nd 607 1508 Florida Statutes	the above	namod	-		
office or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporation's heard of directors. I hereby accent 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 agont an	d title if applicable thints	Dealstoad 8		nature required when reinstating) DATE	_	
12.	OFFICERS AND I		13.	gent agnar	reture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	i 12	
TITLE	0	DELETE	1.1 TITLE			ddition	
NAME	MCGINNIS, DENNIS	□ DECE IE	1.2 NAME		Change L A	odition.	
STREET ADDRESS	2940 N.E. 19TH TERRACE		1.3 STREET	ADDDCCC	amsesthave ste 103C		
CITY-ST-ZIP	LIGHTHOUSE PT. FL	!	1		goosg 8th ave, ste 103C Deerfield Beach Ff. 33441 Frage A gro SE 8th ave, Ste 103C Acerfield Beach Ff 33441		
TITLE	PST		1.4 CITY-ST 2.1 TITLE	-ZIP	Dergeta Batter 1		
NAME	LIGALUNA PURARAL		2.2 NAME		Change Ar	ddition	
STREET ADDRESS	2940 NE 19TH TERRACE		•	*******	am SE 844 CUC, STE 103C	,	
ł	LIGHTHOUSE POINT FL		2.3 STREET		Dear Light Roach CP 59441	ł	
CITY-ST-ZIP TITLE	LIGHTHOUSE FORT FL		2.4 CITY-ST 3.1 TITLE	-ZIP	Accepted day + ()		
		L DELETE			Change L Ac	ddition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET		8		
CITY-ST-ZIP TITLE			3.4 CITY-ST	•ZIP			
		☐ DELETE	4.1 TITLE		Li Change Li Ac	ddition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET		3		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Ad	ddition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	address	\$	1	
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			
TITLE		DELETE	6.1 TITLE		Change Ad	ddition	
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 filling 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/of 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 chapted, or on an attachment with an address.