FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 12:55
SE... OF STATE
TALL... EE, FLORIDA

DOCUMENT # L78649 (5)

1. Corporation Name
DAISY'S OF ORLANDO, INC.

Principal Place of Business	Mailing Address
5770 W IRLO BRONSON MEMORIAL HWY SUITE 140 KISSIMMEE FL 34746	5770 W IRLO BRONSON MEMORIAL HWY SUITE 140 KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1990
3a. Date of Last Report: 09/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3013700 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SAROUFIM, DESIREE J.~~ ~~8026 BAY LAKES CT~~ ~~ORLANDO FL 32836~~	81 Name: LISA MOLINA 82 Street Address (P.O. Box Number is Not Acceptable): 7631 Indian Ridge TRAIL SOUTH 83 84 City: Kissimmee 85 FL Zip Code: 34747

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: Lisa Molina — LISA MOLINA — 4/29/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ~~D~~ NAME: ~~ABDO, DESIRRE J~~ STREET ADDRESS: ~~8026 BAY LAKES CT~~ CITY-ST-ZIP: ~~ORLANDO FL~~	☒ Change ☐ Addition RICCI, EUGENE 2047 PARKSIDE DR #12 ST. PAUL, MN PRESIDENT
TITLE: D NAME: RICCI, EUGENE STREET ADDRESS: 2047 PARKSIDE DR. #12 CITY-ST-ZIP: ST PAUL MN PRESIDENT	☐ Change ☒ Addition RICCI, TAB 1825 RUFFAN ROAD ST. CLOUD, FL 34771 VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REMITTED BY MAY 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition B/7/24
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition $Deposited by Burke

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(i)(a), 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: Tab Ricci — Vice President — 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0376093 CP