

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 AUG 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1996

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**

3. Date Incorporated or Qualified **06/06/1990** 3a. Date of Last Report **05/01/1995**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOLINA, LISA
7631 INDIAN RIDGE TRAIL SOUTH
KISSIMMEE FL 34747**

81 Name **TAB RICCI**
82 Street Address (P.O. Box Number is Not Acceptable)
1825 Puffin Road
83
84 City **St. Cloud** FL 85 Zip Code **34771**

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, to 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

Tab Ricci

8/12/96

Signature, typed or printed name of registered agent and date of appointment

(If 1011 Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **P RICCI, EUGENE**
STREET ADDRESS **2047 PARKSIDE DR #12**
CITY-ST-ZIP **ST PAUL MN**
TITLE ☐ DELETE
NAME **V RICCI, TAB**
STREET ADDRESS **1825 PUFFIN ROAD**
CITY-ST-ZIP **ST CLOUD FL 34771**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**900001935039
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****375.00 ****375.00**

8/12/96

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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/96

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CR2E034 (3/96)