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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

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<ol> <li>Corporation</li> </ol>		L878 D PROPERTIES		(9)					
DANI	IIER ISLAN	D PROPERTIES	o, inc.						
Principal Place	of Business		—————— Mail	ling Address					
5021 N.E. 23RD AVENUE LIGHTHOUSE POINT FL 33064			5021 N.E. 23RD AVE LIGHTHOUSE POINT						
							3. Date Incorporated or Qualified 07/17/1990	3a. Date of Las 04/20	st Report )/1995
2. Principal Pla	ace of Business		2a.	Mailing Address			4. FEI Number 65-0204404	-	Applied For Not Applicable
Suite, Apt. (	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	T	.75 Additional ea Required
City & State	·		ļ	City & State			6. Election Campaign Financing	<b>┌</b> \$5	.00 May Be
<b>23</b> Zip		Country		Zip	Countr	у	Trust Fund Contribution  8. This corporation has liability for	intangible tax unde	kled to Fees ir s 199.032,
24	o Name ar	d Address of Curr	29 ent Registe	red Agent	30		Florida Statutes	s No	
			on registe	noa ngent	81	1 Name	10. Haine and Address of New I	vehistatan wäsut	
ANTIE	AU, GARY					•	(0.0 Part   1.1	-1-1	- ····
	N.E. 23RD AV	ENUE			82	2 Street Addr	ress (P.O. Box Number is Not Accepta	blo)	
	HOUSE POIN				83	3			
					84	4 City		85	Zip Code
								FL  °°	
11 Duramanti	a the provision	of Cartions CO7 OF	00 *** 003	1500 Fladda Otal 4					
11. Pursuant to or registere	o the provisions ed agent, or be	of Sections 607.05	02 and 607.	1508, Florida Statute change was authorize	es, the above ad by the con	-named corpor poration's boar	ration submits this statement for the puriod of directors. I hereby accept the app	rpose of changing i	its registered office red agent. I am
	o the provisions ed agent, or be th, and access	s of Sections 607.05 by in the State of Exhe obligations					ration submits this statement for the pured of directors. I hereby accept the app		
SIGNATURE		9/1/	lua						
SIGNATURE _	Signature, typed or to	9/1/	ent and title if app	W GARY Dicable (NO		named corpor poration's boar		GAPRIL LE	784
SIGNATURE	Signature, typed out	officed name of registered ag OFFICERS A	ent and title if app	W GARY Dicable (NO	L. AUI TE: Registered Age	ert signature recipire	PRES. 2 d when reinstating)	GAPRIL LE	T <b>9</b> 6 DTORS IN 12
SIGNATURE 12.	PSTD ANTIEAL	officed name of registered ago OFFICERS A	ent and title if app	WGARY Dicane (NO ORS	L. AU/ TE: Registered Age	LEA LU ert signature recore	PRES. 2 d when reinstating)	GAPPIL 19 DATE FICERS AND DIREC	T <b>9</b> 6 DTORS IN 12
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Eproparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name d, or on an attackment with an address. oath; that I am an officer or director appears in Block 12 or Block 13 if

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Prior & 8