## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP

**FILED PROFIT** May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Annual Report Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** OCUMENT # M12026 (4) ON DANIEL CARPENTRY INC. Principal Place of Business Mailing Address 22190 S.W. 98 COURT 22190 S.W. 98 COURT MIAMI FL 33190 MIAMI FL 33190 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2498517 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANIEL, DONALD A. -8 PALMS PLAZA Street Address (P.O. Box Number is Not Acceptable) 82 HOMESTEAD FL 33030 83 City MIANI 84 71. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition DANIEL, DONALD A. NAME 1.2 NAME -8-PALMS PLAZA STREET ADDRESS 5W 98 COURT 1.3 STREET ADDRESS 22190 HOMESTEAD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE S Change TITLE 2.1 TITLE Addition DANIEL, ANNA R. NAME 2.2 NAME 8 PALMS PLAZA COURT STREET ADDRESS 5.W. 2.3 STREET ADDRESS 22/90 -HOMESTEAD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 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 DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP TITLE DELETE 6.1 TATLE Change Addition

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing 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 or supplemental armual 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