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PROFIT CORPORATION ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90025 040 ***150.00

1. Corporatio							
DAILY T	ELECOMMUNICATIONS, I	NC.					NA 1140 AND (1861
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8231 SW 41ST ST. 8231 SW 41ST ST. DAVIE FL 33328 DAVIE FL 33328							
5	•				DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 01/27/1987		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2772052		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	5 Additional
22		27			3 .		Required
City & Stat	re	City & State			6. Election Campaign Financing Trust Fund Contribution		0 May Be ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current y		_ '
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent	- 04	Name	10. Name and Address of New Regis	tered Agent	
DEIG	EMAN HADVEV I DA		81	Name	·		
REISEMAN, HARVEY I. P.A. 3050 BISCAYNE BLVD		82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
SUITE 701			92	83 (12.5) (12.5) (13.5)			
	MI FL 33137		63		以外的人员的人员的人员		
			84	City		FL 85 Z	ip Code .
44 Durquant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statute	s the above-	named corno	pration submits this statement for the purp		its registered
office or i	registered agent, or both, in the Stat	te of Florida. Such change was au	thorized by th	ne corporatio	oration submits this statement for the purp n's board of directors. I hereby accept the	appointment as	registered
							I
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statutes.				
agent. I a	am ramiliar with, and accept the obligations of registered as		ida Statutes.			ATE	
agent. I a	Signature, typed or printed name of registered as		ida Statutes.		when reinstating) 2. D. ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIREC	TORS IN 12
agent. I a	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE:	Registered Agent's		when reinstating) 1.1.23	ATE	TORS IN 12
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agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A PTD DAILY, ARTHUR W. 8231 SW 41ST ST. DAVIE FL	gent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent's 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-2	signature required	when reinstating) 2. D. ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIREC Chang	TORS IN 12
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CITY-ST-ZIP 14. I hereby 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 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, with all other like empowered.

SIGNATURE: