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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

M86429

(1)

DOCUM I. Corporation N W.R. DA		• •			 	
Youcpal Place of Business % W.R. DANIELS 1012 ANGLE RD. FT. PIERCE FL 34947		Mailing Address % W.R. DANIELS 1012 ANGLE RD. FT. PIERCE FL 34947			3. Date incorporated or Qualified 3a. Date of Last Report	
					06/16/1988	03/14/1995
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number	Applied For
·		26 Critic Act # plo			59-0921513	Not Applicable \$8.75 Additional
= Suite, Apt. # .]	etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	Fee Required
Oty & Stale		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
∬ Zip	Country	7(p)	Country		Trust Fund Contribution 8. This corporation has liability for it Florida Statutes Yes	ntangible tax under s 199.032,
	9. Name and Address of Cut	29 29 rent Registered Agent	130		10. Name and Address of New R	egistered Agent
			81	Name		
DANIELS,			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)
1012 ANGLE RD. FT. PIERCE FL 34952			83			
FI. PIERU	JE FL 34902		84	City		85 Zip Code
					ration submits this statement for the pur	FL 1
SIGNATURE	ly arms types or probabilitatic of registers b	Section 607.0505, Florida Statutes sport and fire discretel: AND DIRECTORS	Tie Rogistored Ager	nt Signaturo require	ત્રી whate remission છો ADDITIONS/CHANGES TO OFF	
111.5	PD	DETEJE	1 1 TICLE			Change Addition
VAMt	DANIELS, W.R.		1.2 NAME 1.3 STREET ADDRESS			
STREET ADORESS	1012 ANGLE ROAD FT PIERCE FL		1.4 CITY - S			
ZIY-SI ZP Inte	STD	□ OF1F1€	2 1 TiTLE			Change Addition
NAME	DANIELS, ADA V.		22 NAME			
S REET ADDRESS	1012 ANGLE ROAD FT PIERCE FL	AD		I ADDRESS S1-ZIP		
CHY S1-ZIC BI'LE	FI PIENUE FL	T DELETE 3 1		31-21		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CHY Sig Zin		[] DELETE	3.4 CITY - 1 4. 1 TIBLE			☐ Change ☐ Addition
NAME		<u></u>	4.2 NAME			
STEEL ADURESS			43 STREE	1 ADDRESS		
COTY - ST - ZII			4.4 CITY -			Change Addition
Tiftif		☐ DELETE	5 1 TITLE			C Supplies C Manuel
NAME			5.2 NAME	I ADDRESS		
STREET ADDRESS			5.4 CiTY -			
CITY STORM		DEVELLE	6 1 THLE			☐ Change ☐ Addition
NAMI		•	6.2 NAME			
STREET ADDRESS			6 3 S1RE	T ADDRESS		
C17-S1-7P			6 4 CHY-		for the proportion stated in Continue 11	0.07/3v/M Florida Statutes 1 further
14. I do hereb certify that oath; that appears in	y certify that the information supp , the information indicated on this am an officer or director of the Block 12 or Block 13 if change	nlied with this filing is voluntarily full carniual report or supplemental an corporation or the repetier or trust it, or one in attachment with an ad	misried and do inual report is t tec empowered rress.	es not qualify rue and accu I to execute t	, for the exemption stated in Section 11 trate and that my signature shall have th this report as required by Chapter 607, t	e same legal effect as if made under lorida Statutes; and that my name

SIGNATURE:

3-1-9V

407-464-1968