

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004354

1. Corporation Name

DANIA MAIN STREET, INC.

Principal Place of Business

100 WEST DANIA BEACH BLVD.
DANIA FL 33004

Mailing Address

100 WEST DANIA BEACH BLVD.
DANIA FL 33004

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90002 015 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

65-085 9750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILSON, SEAN L ESQ
200 EAST LAS OLAS BOULEVARD
SUITE 1800
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name **JAMES J. STOODLEY**
82 Street Address (P.O. Box Number is Not Acceptable)
100 W. DANIA BEACH BLVD.
83
84 City **DANIA BEACH** FL 85 Zip Code **33004**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

James J. Stoodley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STOODLEY, JIM	
STREET ADDRESS	2801 N. 38 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROSPERI, DAVID DR.	
STREET ADDRESS	FAU - 220 SE 2ND AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RALPH	
STREET ADDRESS	1515 E. BROWARD BLVD. #428	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRIST-MORAL, CAROL	
STREET ADDRESS	26 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEHMAN, DICK	
STREET ADDRESS	3 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUBOW, BOB	
STREET ADDRESS	215 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	DANIA FL 33004	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	BENJAMIN WOHL
2.4 CITY-ST-ZIP	25 N. FEDERAL HWY DANIA, FL 33004
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VICE-PRESIDENT
3.3 STREET ADDRESS	JAN DAVENPORT
3.4 CITY-ST-ZIP	599 S. FEDERAL HWY DANIA, FL 33004
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	RICK SEAY
6.4 CITY-ST-ZIP	215 N. FEDERAL HWY DANIA, FL 33004

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 617, 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: *James J. Stoodley* **JAMES J. STOODLEY, TREAS.** 1/18/99 (954) 962-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)