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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P24798 1. Corporation Name

DAKA, INC.

Principal Place of Business

Mailing Address

2400 YORKMONT RD

2400 YORKMONT RD

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90090 023 ***150.00

DO NOT WRITE IN THIS SPACE	

55 FERNCROFT	ROAD 55 FERNCROFT				DO NOT WRITE IN THIS SPACE			
CHARLOTTE NC 28217 CHARLOTTE NC 28217 US US					3. Date Incorporated or Qualifed			
	•				06/14/1989			
2. Principal Pl	ace of Business 2a. Mailing Ad	dress		<u> </u>	4. FEI Number Applied For			
21 90 70	lx Department 1261 40	tax Dec	W	the	Not Applicable			
Suite, Apt.				$\overline{}$	5. Certificate of Status Desired \$8.75 Additional			
22 2400	Yorkmont Kol 27 2400		<u>EW</u>	- KO	Fee Required			
City & State	City & Sta		٦	700	6. Election Campaign Financing \$5:00 May Be			
23 UNA	VIOTE NC 28211 28 UNO	vione, i	<u>M</u>	<u> 286</u>				
Zip 👡	217 25 USA 29 282		ountry US	n.	8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax.			
24 00	- 700		W.) 1	Personal Property Tax. MYes INo 10. Name and Address of New Registered Agent			
	9. Name and Address of Current Registered Ager	IL	81	Name				
сто	ORPORATION SYSTEM		L					
	S. PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)					
_	ITATION FL 33324		83		,			
	GR. J. P. J. 1 3 15 Ca	/						
	TO A SAME THE		84	City	Fi 85 Zip Code			
	407 4509 E	orida Statutes the	ahove	-named	corporation submits this statement for the purpose of changing its registered			
í office or re	adistered agent, or both, in the State of Florida, Such Ch	ande was authoriz	zea by	the corpo	poration's board of directors. I hereby accept the appointment as registered			
agent. I ar	n familiar with, and accept the obligations of, Section 60	7.0505, Florida St	atutes					
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	1			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	DELETE 1.1	TITLÉ		☐ Change ☐ Addition			
NAME	BAILEY, MICHAEL J	1.2	NAME					
STREET ADDRESS	2400 YORKMONT RD	1.3	STREET	ADDRESS	<u>.</u>			
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-S					
TITLE	PD X	DELETE 2.1	ITTLE		Vice President & Director & Change Addition			
NAME	SWEENEY, STEVEN M	2.2	NAME		steven m. Swaney			
STREET ADDRESS	2400 YORKMONT RD	2.3	STREET	ADDRESS	num Varlmont KOOO			
CITY-ST-ZIP	CHARLOTTE NC 28217	2.4	4 CITY-S	T-ZIP	Charlotte NC 2021			
TITLE -	CFOD -	DELETE 3.1	TITLE "		☐ Change ☐ Addition			
NAME	GREEN, GARY R	3.2	2 NAME					
STREET ADDRESS	2400 YORKMONT RD	3.3	STREET	ADORESS				
CITY-ST-ZIP	CHARLOTTE NC 28217		. CITY-S	T-ZIP				
TITLE	11 U	DELETE 4.1	1 TITLE		☐ Change ☐ Addition			
NAME	KIMBALL, J. K	4.1	2 NAME					
STREET ADDRESS	2400 YORKMONT RD	4.3	STREET	ADDRESS				
CITY-ST-ZIP	CHARLOTTE NC 28217		4 CITY-S	T-ZIP				
TITLE			1 TITLE		Change Addition			
NAME	ZAUF, GARY Z		2 NAME					
STREET ADDRESS	2400 YORKMONT RD			ADDRESS	5			
CITY-ST-ZIP	CHARLOTTE NC 28217		4 CITY-S	T-ZIP	C Channel C Addition			
TITLE		DECETE	TITLE		☐ Change ☐ Addition			
NAME	WELLS, C P	-	2 NAME					
STREET ADDRESS	2400 YORKMONT RD			ADDRESS	5			
CITY-ST-ZIP	CHARLOTTE NC 28217	6.4	4 CITY-S	T-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: