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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

P93000020680 (3)

DANMAR ENTERPRISES, INC.

Principal Place of Business Mailing Address 3157 NW 69TH COURT 3157 NW 69 CT FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-1236 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1996 03/15/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0396347 21 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes □ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BURGER, H DANIEL J 3157 NW 69TH CT 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 Zip Code 11. 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 it am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signation typed or printed name of registried agent and the if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change Addition TITLE 11 TITLE BURGER, H. DANIEL J NAME 1.2 NAME 3157 NW 69TH CT 1.3 STREET ADDRESS STREET ADORESS FORT LAUDERDALE FL CITY-ST-ZIP 14 City-St-7iP ☐ DELETE Change ___ Addition TITLE 21 TITLE BURGER, MARY ANN 2.2 NAME NAME 3157 NORTHWEST 69YH COURT STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 2 4 CITY-ST-ZIP CITY-ST-ZIE □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 THLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE Change NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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.

FILED

Jan 14 1997 8:00am

Secretary of State