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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042934 (8)

DANIEL FRANCHISE STOTEMS II	110.		(
Principal Place of Business	Mailing Address			BILL BAILL BIOLD ISALD INLOC TISH OLDI (AD)
901 DOUGLAS AVE.	901 DOUGLAS AVE.			
STE. 204	STE. 204		DO NOT HIDIT	- N. 7. 110 GDA 05
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS F		L 32714		E IN THIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		06/11/1993 4. FEI Number	Applied For
21	26. Maining Address		59-3191432	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		38-3 18 14-35	¢0.75
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zφ	Country	8. This corporation owes or has po	aid the current year Intangible
24 25	29	30	Personal Property Tax due June	
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	egistered Agent
DANIEL, BRADFORD		81 Name		
901 DOUGLAS AVE		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
SUITE 204				
ALTAMONTE SPRINGS FL 32714		83		
		84 City		FL 85 Zip Code
44 Pursuant to the provisions of Sections 607.06	502 and 607 1608 Florida Statut	or the above named core	poration submits thin statement for the	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State	te of Florida. Such chan ge was a	authorized by the corporat	tion's heard of directors. I hereby acce	of the appointment as registered
SIGNATURE Signature, typed or printed name of registered a	gations of, Section 607.0505, Flo	orida Statutes. E: Registered Ageni signature requi		DATE
SIGNATURE Signature, typed or printed name of registered a	gations of, Section 607.0505, Fig. great and tilled application(NOT ND DIRL CTORS	orida Statutes. E: Registered Agent signature requi		DATE CERS AND DIRECTORS IN 12
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6.4 CITY - ST- ZIP 14. Thereby 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 anguel 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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or our annual report with an address.