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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000061959 (1)

DANCOLE MARKETING, INC.

					-		
Principal Place of Business Mailing Address					- I TANGSTORE HAN SOUND STATE OF BUILD BONTO REL	15 Million Milian illana säilät Mili	TO THE TOTAL
170 CELESTIAL WAY BLDG 4 UNIT 3 BLDG 4 UNIT 3 JUNO BEACH FL 33408 US 170 CELESTIAL WAY BLDG 4 UNIT 3 JUNO BEACH FL 33408 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
<u></u>					09/03/1993		
2. Principal P	Place of Business	2a, Mailing Address 26			4. FEI Number 65-0445221	<u> </u>	plied For t Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A Fee Rei	
City & State	0	City & State		<u></u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip			Countr	·	8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30	Personal Property Tax due June 30. Yes Nc			
g. Name and Address of Current Registered Agent					10. Name and Address of New Reg	lstered Agent	
	DRPORATION INFORMATION SE	ERVICES INC.	81	Name			
1201 HAYS STREET TALLAHASSEE FL 32301			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
}			B3		1000		
			84			FL 85 Zip C	f
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. I am familia, with, and accept the Statute of Section 607,0505, Florida Statutes. SIGNATURE Signature required when reinstating DATE Signature required when reinstating DATE							
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	Р	☐ DELETE	1.1 TITLE			Change	Addition
NAME	SCHWARTZ, HAROLD		1.2 NAME	į.			Į
STREET ADDRESS	170 CELESTIAL WAY BLD	G 4 UNIT 3	1	f address			
CITY-ST-ZIP	JUNO BEACH FL	——————————————————————————————————————	1.4 CITY-	ST-ZIP		——————————————————————————————————————	
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			22 NAME	i			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - 3.1 TITLE	ST-ZIP		Change	Addition
NAME		☐ verese	3.1 TITLE 3.2 NAME	1		Change	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TOTLE	31-211		Change	Addition
NAME		_	4. 2 NAME				
STREET ADORESS			4.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-				į
TITLE		DELETE	5.1 TiTLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			54 CITY-	ST-ZIP]
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	1			ì
STREET ADDRESS			6.3 STREE	ADORESS			ĺ

SIGNATURE:

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 suppliemental 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 of the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged by or an attachment with an address?

561-694-2696 Daytime Prone # 0314383

FILED

Mar 24 1998 8:00am

Secretary of State

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