

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086378 (5)

1. Corporation Name

DAUGHTERS INTERLINE, INC.



Principal Place of Business

1320 SOUTH DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146

Mailing Address

1320 SOUTH DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146

3. Date Incorporated or Qualified
12/17/1993

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0456876

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BREMER, ROBERT G
1320 SOUTH DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name James D. Shannon
82 Street Address (P.O. Box Number is Not Acceptable)
1620 N.W. 129 Street
83
84 City Miami FL 85 Zip Code 33167

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. I am familiar with, and accept the obligations of, Section 607.1508, Florida Statutes.

SIGNATURE

James D. Shannon

(NOTE: Registered Agent signature required when re-registering)

DATE

4-1-96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SHANNON, JAMES D
STREET ADDRESS 1620 N.W. 129 STREET
CITY-ST-ZIP MIAMI FL 33167

TITLE STD ☐ DELETE
NAME SHANNON, VIVIAN J.
STREET ADDRESS 1620 NW 129TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME SHANNON, BRENDA J.
STREET ADDRESS 1620 NW 129TH ST
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME SHANNON, JAMES A.
STREET ADDRESS 1620 NW 129TH ST
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME SHANNON, KELLY D.
STREET ADDRESS 1600 NW 129TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME BRENDA J. SHANNON
3.3 STREET ADDRESS 1620 NW 129th St.
3.4 CITY-ST-ZIP MIAMI, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appointment with an address.

SIGNATURE:

BRENDA J. SHANNON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

4-1-96

Daytime Phone #

305-885-2805

CR2E034 (12/95)