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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7280 N.W. 77 Street
Suite, Apt. #, etc.
22
City & State
23 Medley, Florida
Zip Country
24 33166 25 USA

2a. Mailing Address
26 7280 N.W. 77 Street
Suite, Apt. #, etc.
27
City & State
28 Medley, Florida
Zip Country
29 33166 30 USA

3. Date incorporated or Qualified
12/17/1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMES D. SHANNON
1620 NW 129 ST.
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SHANNON, JAMES D	1620 N.W. 129 STREET	MIAMI FL 33167	<input type="checkbox"/>
STD	SHANNON, VIVIAN J.	1620 NW 129TH ST	MIAMI FL	<input type="checkbox"/>
P	SHANNON, BRENDA J.	1620 NW 129TH ST	MIAMI FL	<input type="checkbox"/>
V	SHANNON, JAMES A.	1620 NW 129TH ST	MIAMI FL	<input type="checkbox"/>
V	SHANNON, KELLY D.	1600 NW 129TH ST	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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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.

SIGNATURE:

[Signature]

4-14-98

CR2E034 (10/97)