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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000014940**1. Corporation Name

DANRAY HOMES, INC.

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90066 038 ***150.00



	(Control Fig.				—}	8	ININ IEHH DI	JA) WWA 1961
Principal Place	of Business	Mailing Address			·			
DAN R HALLALI		1590 WATERWITCH DRIVE						
1590 WTERWITO		ORLANDO FL 32806 US			DO NOT WRITE	IN THIS SPA	CE	
ORLANDO FL 3 US	2806	03			3. Date Incorporated or Qualifed 02/21/1994	•		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App	ied For
Z. Frincipai Fi	lace of Desirioss	26			59-3230394		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional		
OBILO, Apt.	, oto.	27			5. Certificate of Status Desired		Fee Req	uired
City & State	e See	City & State			6. Election Campaign Financing		\$5.00 N	tay Be
- '	·.	28			Trust Fund Contribution	<u> </u>	Added to	Fees
23 Zip	Country	Zip	Country		8. This corporation owes the current		ole _	· '
24	25	29 3	0		Personal Property Tax.	<u></u>		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Age	nt	
			81	Name				
	R HALLAUER	•	82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
1590 WATERWITCH DR				SueerAdd	Total Control Control	• •4. · · · · · · ·	4 5 5 1 5	<u> </u>
ORL	ANDO FL 32806		83				海天影響	
						8	5 Zip C	vde 4
•	•		84	City		FL ∣°	2.00	
agent. 1 a	ım familiar with, and accept the obligi	ations or, Section 607.0503, Fibric	Ja Olalules		poration submits this statement for the poor ion's board of directors. I hereby accept the distribution of the poor in the po	DATE		
-	Signature, typed or printed name of registered age		13.	nt signature requir	ADDITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	RS IN 12
12.		ND DIRECTORS	1.1 TITLE	-	7,001,700		Change	Addition
TITLE	PD DAN D	£ 3551.5	1.2 NAME		• • • • • • • • • • • • • • • • • • • •			
NAME	HALLAUER, DAN R		1	T ADDRESS	•		:	
STREET ADDRESS			1.4 CITY-5					
CITY-ST-ZIP	ORLANDO FL	DELETE	2.1 TITLE	1-21			Change	Addition
TITLE			2.2 NAME	ĺ				•
NAME				T ADDDESS				
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP		DELETE	2. 4 CITY-	ST-ZIP			Change	Addition
TITLE	i i e diser e a la companione	. Deceie	3.1 TITLE				. •	
NAME		·	3.2 NAME					
STREET ADDRESS		•		T ADDRESS				Jan Sala
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE			, .	ا دورستان ا	<u> </u>
NAME	Let -		4, 2 NAME	-				_
STREET ADDRESS	s -		1	ET ADORESS			•	
CITY-ST-ZIP			4,4 CITY-	ST-ZIP			Change (- Addition
TITLE		. DELETE	5.1 TITLE			Ŀ	3 Strange	
NAME .			5.2 NAME		:			
STREET ADDRESS	s			ET ADDRESS				
CITY-ST-ZIP	·		5.4 CITY-				Change	Addition
TITLE		☐ DELETE	6.1 TITLE			L] Change	L. Addition
NAME	1.		6.2 NAME					
STREET ADDRESS	5	•	6.3 STRE	ET ADDRESS				
1	1		6,4 CITY-	ST-ZIP				

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

an Rit ol Care

DANKA)

ALLAUER

1/20/99 407 854-25

R2E034 (11/98)