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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027753 (0)

DANIEL L. KOLHAGE, INC.

**FILED** Apr 23 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address						1 00110 11011 10 B11 10 E4F D1100 1111 1001
1219 20TH TER 1219 20TH TER KEY WEST FL 33040					DO NOT WRITE. IN	THIS SPACE
					3. Date Incorporated or Qualified	
					04/12/1994	
<u>⊢</u> ≒ :	Place of Business	2a, Mailing Addr	ess		4. FEI Number	Applied For
21	·	26			65-0483489	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #,	elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	to	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Added to Fees
Ζιρ	Country	Zip	Cour	itry	8. This corporation owes or has paid t	he current year Intangible
24	25	29	30		Personal Property Tax due June 30	Yes No
<b></b>	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Regis	tered Agent
	BROWNING, MICHAEL L			Name		
402 APPELROUTH LN			ļ.	Street A	ddress (P.O. Box Number is Not Acceptable)	
,	KEY WEST FL 33040			B3		
				23		
			Ī	34 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Floric	a Statutes, the ab		corporation submits this statement for the purporation's board of directors. I hereby accept the	one of changing its registered
SIGNATURE	Signalize Aped or ported came of riggreed a p	est and title if applicable D DIRECTORS	INOTE Requistered	Agent signature re	equired when reinstating)	AND PURECYONG IN 49
TITLE	D	DE		<u> </u>	ADDITIONS/CHANGES TO OFFICER	Change Maddition
NAME	KOLHAGE, DANIEL L		1.2 NAJ		Kristane C. Kolhage 1219 20th TEAL Key West, Fl. 3304	7
STREET ADDRESS	1219 20TH TER			EET ADDRESS	1510 20th TENL	
CITY-ST-ZIP	KEY WEST FL 33040			r - ST - ZIP	Key West. Fl. 3304	0
TITLE		DE			1	☐ Change ☐ Addition
NAME			2.2 NAI	4E		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY - S1 - ZIP				Y - S1 - 2IP		
THILE		30 🔲 05	LETE . 3.1 TITE	£		Change Addition
NAME			3.2 NAI			
STREET ADDRESS	İ			EET ADDRESS		
CHY-ST-7IP THLE		DE		Y · ST · ZIP		Change Addition
NAME		I/t	4 2 NA			LI Change LI Addition
STREET ADDRESS				FFT ADDRESS		
CITY-ST-7/P				-ST-ZIP		
TITLE		DE				Change Addition
NAME			5.2 NA			···
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TIFLE	T	□ DĒ	ETE 61 TITL	F		Change Addition
NAME			6.2 NAM	I <del>E</del>		
STREET ADDRESS			6.3 STA	EET ADDRESS		
	l					
CITY-ST-7IP	corbly that the information consider w			'-SI-ZIP	in Contine 110 07/2Vit Elevide Statutes 14 ut	

renewy cerny man tre information supplied with this filing does not quality 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:

305-296-4066