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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000043755 (5) DOCUMENT #

DAYDREAMS COTTAGE, INC.

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1200 CORAL REEF AVE.,NW 1200 CORAL REEF AVE. NW PALM BAY FL 32907 PALM BAY FL 32907 DO NOT WRITE IN THIS SPACE US Uŝ 3. Date Incorporated or Qualified 06/08/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3252439 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDERSON, MARTA S 1200 CORAL REEF AVE NW 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32907 **B3** 84 City 85 Zip Code FI 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 title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE ANDERSON, JOHN NAME 12 NAME 1200 CORAL REEF AVE NW STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 1.4 City - St - ZiP DELETE Change Addition DTLE 2.1 TITLE ANDERSON, MARTA NAME 22 NAME 1200 CORAL REEF AVE NW STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GRETCHEN, LILLEY NAME 3.2 NAME 2525 WILDWOOD DR 3.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 3.4. CITY - ST - Z(P CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP TITLE ☐ DEL**e**te 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

Thereby 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 diffector 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.

64 City - St - 7IF

SIGNATURE:

CITY-ST-ZIP

Lusan

3/16/98 407-727-5489