## 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

P94000047959 (9) DOCUMENT #

DANNY'S DEALER SUPPLIES INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



					<b>48</b> 00 8000 7000 0000 0000 000
Principal Place	of Business	Mailing Address			
7673 HOOPER	ROAD	7673 HOOPER ROAD			
BAY #4 WEST PALM BEACH FL 33411		BAY #4 WEST PALM BEACH FL 33411		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/23/1994	
2. Principal Pl 21 1037 C	ACE OF BUSINESS RECHOBEE RD.	2a. Mailing Address 26 1037 OKEECH	OBEERO.	4. FEI Number 65-0501822	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State  28 WEST PALM BEACH		6. Election Campaign Financing	\$5.00 May Be
				Trust and Commontain	Added to Fees
zip 24 3340	Country 25 USA	Zip 29 33401 3	Country DSA	This corporation owes or has paid     Personal Property Tax due June 3	
24 3340	9. Name and Address of Currer		0 0 1	10. Name and Address of New Regi	
RU	RNETT, CLINTON		81 Name	101	
	7 APPALOOSA TRAIL		82 Street Addr	ress (P.O. Box Number is Not Acceptable	1)
WELLINGTON FL 33414			83	1000 (1.0. Dax Harrison to Harrison base	
			84 City		FL 85 Zip Code
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 Llorida. 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 obligation of Section 607.0505, Florida Statutes.					
SIGNATURE	Stonelium (wood or printed name) of registered ap	on and itin it applicable (NOTE F	Hegistered Agent signature requi	red when reinstating)	DATE
12.	· • • · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	· DELETE	1.1 TITLE		Change Addition
NAME	BURNETT, CLINTON	•	1.2 NAME		
STREET ADDRESS	2297 APPALOOSA TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414	D no byt	1.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETÉ	2.1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 C/TY - ST - ZIP 3 1 TITLE		Change Addition
TITLE NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<del>-</del>	4. 2 NAME	·	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change    Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		5.4 City-St-ZiP		
TITLE		☐ DELETE	61 TITLE		Change L Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP		50 11 70 1	6 4 CITY-ST-ZIP	C	when and it, that the information
da Ibarahu a	artifu that the information cumuland u	ath this tiling done hal autalifu for :	the exemption stated in	Section 119 07(3)(i) Florida Statutes, I fu	amer cerniv inal the intormation –

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 trusted 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. 1/23/98