

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

FILED

Feb 05 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P94000064892 (0)

1. Corporation Name
DALE SENIFF, INC.



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|---|---|
| Principal Place of Business 5029 CAYENNE LANE PALM BEACH GARDENS FL 33418 | Mailing Address 5029 CAYENNE LANE PALM BEACH GARDENS FL 33418 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 5012 Paprika Lane Suite, Apt. #, etc. | | 2a. Mailing Address 26 27 SAME City & State 28 Palm Beach Gardens FL Zip Country 24 33418 25 PBeach 29 30 | | 3. Date Incorporated or Qualified 08/29/1994 | |
| 4. FEI Number 65-0509912 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | \$8.75 Additional Fee Required | |
| 7. \$5.00 May Be Added to Fees | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent SENIFF, DALE 5029 CAYENNE LANE PALM BEACH GARDENS FL 33418 | | | | 10. Name and Address of New Registered Agent 81 Name Dale Seniff 82 Street Address (P.O. Box Number is Not Acceptable) 5012 Paprika Lane 83 84 City Palm Beach Gardens FL 85 Zip Code 33418 | | | |
|---|--|--|--|--|--|--|--|

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. (Address change) only 1-30-98

SIGNATURE Dale Seniff (NOTE: Registered Agent signature required when reinstating) DATE 1-30-98

| | | | | | | | |
|----------------------------|-------------------------------------|---------------------------------|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SENIFF, DALE | | | 1.2 NAME | | | |
| STREET ADDRESS | 5029 CAYENNE LANE 5012 Paprika Lane | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 changed, or on an attachment with an address.

SIGNATURE: Dale Seniff 1-30-98 561-7756030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0321951

CR2E034 (10/97)