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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000068369 (5)

Corporation N		••	. •		,00	_
DANIFI	ROULE	ALL INS	SHRA	NCF	INC	

Principal Place of Business Mailing Address

3316 MANATEE AVENUE WEST
BRADENTON FL 34205

Mailing Address

3316 MANATEE AVENUE WEST
BRADENTON FL 34205



			Bradenton FL 342	05						
0. 10.	·						3. Date Incorporated or Qualified 09/14/1994			st Report 1995
Principal Place Principal Place	ace of Busine	ess	28. Mailing Address 26				4. FEI Number 65-0520606	-	Ţ	Applied For Not Applicable
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			.75 Additional ee Required
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution		\$5	5.00 May Be
Zip 24	}	Country 25	Zip	-	Country		8. This corporation has liability for in			
24		=	29 ent Registered Agent	30			Florida Statutes Yes			
			om ricgistored Agent		81 N	ame	10. Name and Address of New R	egistered /	Agent	
ROULEA	U. DANIEL									
		ENUE WEST			82 S	treet Addres	ss (P.O. Box Number is Not Acceptabl	e)		
	TON FL 34				83					
										· · · · · · · · · · · · · · · · · · ·
						ity		FI.	85	Zip Code
11. Pursuant to or registered familiar with	o the provision and accept, and accept	ons of Sections 607,050 both, in the State of Floot the obligations of, Sec	02 and 607.1508, Florida Statu rida. Such change was authori, ction 607.0505, Florida Statute:	ites, the a ized by thi is.	bove-nam e corporal	ed corporat ion's board	tion submits this statement for the purp of directors. I hereby accept the appo	oose of cha intment as	nging registe	its registered office red agent. I am
	Signature, typed o	r printed name of registered age		OTE Registe	red Agent sign	afure required w	v*ven reinstatingt	DATE		
12.	N/AT	OFFICERS AT	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIREC	TORS IN 12
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4. Ido hereby certify that the information supplied with this time is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this appear uppor for supplymental 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 directer of the proporation 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 18 if changes or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER-OR DIRECTOR

4-15-96

941-747-5677