

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000003022 (7)

1. Corporation Name

DAPHLEN CO.



Principal Place of Business

4675 PONCE DE LEON BLVD.  
SUITE 305  
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD.  
SUITE 305  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified  
01/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 4110 EL PRADO BLVD

2a. Mailing Address

26 4110 EL PRADO BLVD

4. FET Number

65-0560094

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 COCONUT GROVE, FLA

City & State

28 COCONUT GROVE, FLA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

24 33133

Zip

Country

29 33133

30

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STINSON, LOUIS JR  
4675 PONCE DE LEON BLVD.  
SUITE 305  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME STINSON, LOUIS JR  
STREET ADDRESS 4675 PONCE DE LEON BLVD., #305  
CITY - ST - ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition  
1.2 NAME DAPHNE PARKER  
1.3 STREET ADDRESS 4110 EL PRADO BLVD.  
1.4 CITY - ST - ZIP COCONUT GROVE, FLA 33133

2.1 TITLE D ☐ Change ☐ Addition  
2.2 NAME DAPHNE PARKER  
2.3 STREET ADDRESS 4110 EL PRADO BLVD  
2.4 CITY - ST - ZIP COCONUT GROVE, FLA 33133

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAPHNE PARKER

DATE

4-1-96

DAYTIME PHONE

305  
1066-3134

CR2E034 (12/95)