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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000023244

1. Corporation Name

DANA UNLIMITED, INC.

Principal Place of Business 207 FIR AVE 290 PARADISE BLVD. MELBOURNE BEACH FL 32951 UNIT #45 INDIANLANTIC, FL 32903	Mailing Address 207 FIR AVE P.O. Box 033003 MELBOURNE BEACH FL 32951 INDIANLANTIC, FL 32903
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1995

4. FEI Number

59-3304892

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS
Dana S. Thomas
207 FIR AVE
MELBOURNE BEACH FL 32951
UNIT #45
INDIANLANTIC, FL 32903

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 hereby certifies that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same 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 Section 607.0505, Florida Statutes.

SIGNATURE

Dana Thomas**4/8/99**

PLEASE SIGN
DATE & MAIL

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **THOMAS, DANA**STREET ADDRESS **207 FIR AVENUE**CITY-ST-ZIP **MELBOURNE FL 32951**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **P.O. Box 033003**1.4 CITY-ST-ZIP **INDIANLANTIC, FL 32903**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dana Thomas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEASE SIGN
DATE & MAIL

4/8/99**407-777-5576**

CR2E034 (1/1/98)