

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

FILED

Apr 28 1998 8:00am
Secretary of State

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

DOCUMENT # P95000039419 (3)

1. Corporation Name

DANNY ENTERPRISES, INC.



| | |
|--|--|
| Principal Place of Business 701 LINCOLN ROAD SUITE 103 MIAMI BEACH FL 33139 US | Mailing Address 701 LINCOLN ROAD SUITE 103 MIAMI BEACH FL 33139 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | | | |
|--|--|---|--|---|--|---|--|---|
| 2. Principal Place of Business 21 1674 MERIDIAN AVE. Suite, Apt. #, etc. 22 SUITE 308 City & State 23 MIAMI BEACH, FLORIDA Zip 24 33139 Country 25 USA | | 2a. Mailing Address 26 1674 MERIDIAN AVE. Suite, Apt. #, etc. 27 SUITE 308 City & State 28 MIAMI BEACH, FLORIDA Zip 29 33139 Country 30 USA | | 3. Date Incorporated or Qualified 05/18/1995 | 4. FEI Number 65-0585590 Applied For Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 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 |
|--|--|---|--|---|--|---|--|---|

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent SCHULTZ, ARTHUR J 701 LINCOLN ROAD SUITE 103 MIAMI BEACH FL 33139 | | | | 10. Name and Address of New Registered Agent 81 Name SCHULTZ, ARTHUR J. 82 Street Address (P.O. Box Number is Not Acceptable) 1674 MERIDIAN AVENUE 83 SUITE 308 84 City MIAMI BEACH, FL 85 Zip Code 33139 | | | |
|---|--|--|--|---|--|--|--|

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 X ARTHUR J. SCHULTZ Pres. APRIL 15, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

| | | | |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST SCHULTZ, ROCHELLE S 701 LINCOLN ROAD, SUITE 103 MIAMI BEACH FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | VPST SCHULTZ, ROCHELLE 1674 MERIDIAN AVENUE - SUITE 308 MIAMI BEACH, FLORIDA 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHULTZ, ARTHUR 701 LINCOLN ROAD, STE. 103 MIAMI BEACH FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | P SCHULTZ, ARTHUR J. 1674 MERIDIAN AVENUE - SUITE 308 MIAMI BEACH, FLORIDA 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 in an attachment with an address.

SIGNATURE: Rochelle Schult ROCHELLE SCHULTZ 4/15/98 (305) 531-4466

CR2E034 (10/97)