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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POSOCOCA19

1. Corporation	Name	009419								
DANNY ENTERPRISES, INC.										
<i>D</i> , (1414)	E111 E111 1110 E0; 1110				£ 101	ERÍODÍCH IN CHEOCH BEITH OOM B	(A)	HAR IONE DI <b>es</b> e	1818 ISH 1831	
Principal Place	of Business		tiidal ith ibial aith aailt a	JULY BURK BOLLEY	KUM (ÁKK ALDER) I	HAND HAN AND I				
1674 MERDIAN AVE 1674 MERIDIAN AVE SUITE 308						·				
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						DO NOT WRITE IN THIS SPACE				
US US					3. Date Inc	3. Date Incorporated or Qualifed .				
					05/18/	1995				
Principal Place of Business 2a. Mailing Address				-	4. FEI Num	iber .		App	olied For	
21 26				65-058	35590		Not	Applicable		
Suite, Apt.	Suite, Apt. #, etc.			5. Certifcat	e of Status Desired		\$8.75 A			
22		27		or ocranodi	- Clatas Besilea		Fee Rec	quired		
City & State		City & State		6. Election	Campaign Financing	П -	\$5.00 h	May Be		
23		28		Trust Fu	nd Contribution		Added to	Fees		
Zip	Country Zip Co		Country	try 8. This corporation owes the cur		rent year Intangible				
24	25 29 30		30	Personal Property Tax.		☐ Yes 🔑 No				
	9. Name and Address of Curren	t Registered Agent		,	10. Name a	nd Address of New	Registered /	Agent		
			81	Name						
SCHULTZ, ARTHUR J			82	Street A	ddress (P.O. Box I	ss (P.O. Box Number is Not Acceptable)				
1674 MERIDIAN AVE				l	<u> </u>	·				
SUITE 308			83							
MIAMI BEACH FL 33139			84 City					85 Zip C	ode	
			'			*	FL	.		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the abov	e-named o	orporation submits	this statement for the	e purpose of	changing its	registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	thorized by	the corpo	ration's board of dir	rectors. I hereby acce	pt the appoir	ntment as reg	jistered	
	m tamiliar with, and accept the obliga	tions of, Section 607.0000, Flori	da Otatoto.	,.					J	
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: f	Registered Age	nt signature re	quired when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIO	NS/CHANGES TO OF	FFICERS AN	D DIRECTOR	RS IN 12	
TITLE	VPST	☐ DELETE 1.11						☐ Change	Addition	
NAME	SCHULTZ, ROCHELLE S		1.2 NAME			,				
STREET ADDRESS	AARA AARAMATA AARAMAR AAARAAAAAAAAAAAAAA			T ADDRESS					l	
]	DITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP							
TITLE	P	☐ DELETE	2.1 TITLE					☐ Change	Addition	
NAME	SCHULTZ, ARTHUR		2.2 NAME							
STREET ADDRESS	AND ARTHUR ALIENSE ALIEN AND AND AND AND AND AND AND AND AND AN		1	T ADDRESS	•					
CITY-ST-ZIP			2. 4 CITY-	ŀ						
TITLE			3.1 TITLE					Change	☐ Addition	
NAME			3.2 NAME					•	}	
				T ADDRESS						
STREET ADDRESS			34. CITY-						ļ	
CITY-ST-ZIP	DELETE		_	4.1 TITLE				Change	☐ Addition	
TITLE			4. 2 NAME					_	-	
NAME				T ADDRESS						
STREET ADDRESS				i i						
CITY-ST-ZIP			4.4 CITY-5	)1-ZIP				Change	Addition	
TITLE	_			5.1 TITLE 5.2 NAME				_ : :-:	_ "	
NAME			•	T ADDRESS				•		
STREET ADDRESS			1							
CITY-ST-ZIP			5.4 CITY-1	51-217				Change	Addition	
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			63 STREE	T ADDRESS		•				

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 changes, or on an attachment with any address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: