


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90098 008 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000056177**

1. Corporation Name

**DANEN INVESTMENTS, INC.**

Principal Place of Business

25316 TRADEWINDS DRIVE  
LAND O LAKES FL 34639

Mailing Address

25316 TRADEWINDS DRIVE  
LAND O LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1995

4. FEI Number

59-3326441

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be Added to Fees**

Trust Fund Contribution

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

☐ Yes☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

29 Zip Country

9. Name and Address of Current Registered Agent

**MURPHY, D.E.**  
**25316 TRADEWINDS DRIVE**  
**LAND O LAKES FL 34639**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
**P**  
**MURPHY, DAVID**  
**25316 TRADEWINDS DRIVE**  
**LAND O LAKES FL 34639**
TITLE ☐ DELETE
**TS**  
**MURPHY, NENA A**  
**25316 TRADEWINDS DRIVE**  
**LAND O LAKES FL 34639**
TITLE ☐ DELETE
  
  
  
TITLE ☐ DELETE
  
  
  
TITLE ☐ DELETE
  
  
  
TITLE ☐ DELETE
  
  
  

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1599

813-973-3576

Date

Daytime Phone #

CR2E034 (1/98)