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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P95000066547** (7)

FILED May 13 1997 8:00am Secretary of State

JOSEPH ARTHUR DANIELS DESIGNS, INCORPORATED Principal Place of Business Mailing Address 4287 27TH CT. SW. STE. 203 NAPLES FL 33989 NAPLES FL 34116-7987											
								3. Date Incorporated or Qualifier 08/28/1995		ate of Last F 01/1996	Report
2. Principal	Place of Busi	ness	20	. Mailing Addr	ess			4. FEI Number			pplied For
21			26					59-3334525	····		ot Applicable
Suite, Apt	t. #, etc		-	Suite, Apt. #,	, etc.			5. Certificate of Status Desired			Additional equired
22 City & Sta	ite.		27	City & State				6. Election Campaign Financing			May Be
23	11.0		28	0.1, 0.0.0				Trust Fund Contribution			to Fees
Zψ		Country	1 27	Zip		Countr	y	8. This corporation has liability f	or intangible		
24		25	29			30		Florida Statutes	Yes		
	9. Name	and Address of Curi	rent Regis	tered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	Registered	Agent	
	NIELS, JOSI					B1	Name				
4287 27TH CT. SW, STE. 203							Street Ad	ddress (P.O. Box Number is Not Acceptable)			
NAF	PLES FL 33	999				<u> </u>					
						83	3				
						84	City		P=1	85 Zip	Code
				07 4500 First	- C		<u> </u>		FL	<u> </u>	·
office or	registered ag	gent, or both, in the Sta	ate of Flori	da Such chan	nge was a	uthorized b	ov the corpor	ration's board of directors. I hereby ac-	cept the ap	pointment as	s registered
agent I SIGNATURE								orporation submits this statement for th ration's board of directors. I hereby ac			
SIGNATURE		d or printed name of registered	agent and title	e if applicable		Registered Ac		quired when reinstating)	DATE		
SIGNATURE	Signature type:		agent and title	if applicable CTORS	(NOTE	Registered Ac	gent signature rec		DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature typic:	d or printed name of registered OFFICERS A	agent and title	e if applicable	(NOTE	Registered Ag	gent signature rec	quired when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	PSTD DANIELS	d or printed name of registered OFFICERS A	agent and title AND DIRE	if applicable CTORS	(NOTE	13. 1.1 TITLE	gent signature rec	quired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. THEE NAME STREET ADDRESS	PSTD DANIELS 4287 271	or printed name of registered OFFICERS A JOSEPH A H CT. SW, STE. 20	agent and title AND DIRE	if applicable CTORS	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature rec	quired when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. THEE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DANIELS	or printed name of registered OFFICERS A JOSEPH A H CT. SW, STE. 20	agent and title AND DIRE	if applicable CTORS	(NOTE	13. 1.1 TITLE	gent signature rec ET ADDRESS ST-ZIP	quired when reinstating)	DATE	D DIRECTO	RS IN 12
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I do 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 five 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:

0415662