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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082135 1. Corporation Name

DANIELS DESIGN, INC. Principal Place of Business Mailing Address Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90021 050 ***150.00



323 REMINGTON DRIVE OVIEDO FL 32765 US		OVEIDO FL 32765 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
					10/23/1995		1	
2 Principal Di	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21	lace of Business	26			59-3353547		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
City & State	The second secon	City & State			6. Election Campaign Financing	\$5.00	May Bo	
23	v	28			Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 30			8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	Agent		
			81	Name				
RINGELBERG, DANIEL L 323 REMINGTON DRIVE			82	Street Add	Idress (P.O. Box Number is Not Acceptable)			
OVIEDO FL 32765		• •	83				11:	
•			84	City		85 Zip C	ode	
office or reagent. I a	egistered agent, or both, in the State m familiar with, and accept the obligations of the state	of Florida. Such change was authorations of, Section 607.0505, Florida With Provider Applicable. (NOTE: Rec	Statutes jistered Age	r the corporati s.	red when reinstating) DATE	31-98) 	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO Change	Addition	
TITLE	VP	☐ DELETE	1.1 TITLE			Clange	☐ AUGIBON	
NAME	RINGELBERG, SARAH E		1.2 NAME				ļ	
STREET ADDRESS	323 REMINTON DR			TADDRESS			}	
CITY-ST-ZIP	OVIEDO FL 32765	DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP		Change	Addition	
TITLE	PINOTI DEDO DANIEL	Detere	2.1 IIILE 2.2 NAME					
NAME	RINGELBERG, DANIEL 323 REMINGTON DR			T ADDRESS				
STREET ADDRESS			2.3 STREE	l l	مندورية وربيعها أأناء أأدر الماسيقينية أدارره أأميد			
CITY-ST-ZIP			3.1 TITLE	<u>v. u.</u>		Change	Addition	
NAME			3.2 NAME					
STREET ADORESS			3.3 STREE	TADORESS			ļ	
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition {	
NAME.			4. 2 NAME				}	
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-5	T-ZIP		Change	[7] Addition	
TITLE		☐ DELETE	5.1 TITLE			□ cuange	ווטוווטוו)	
NAME			5.2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	51*ZIP		Change	Addition	
TITLE		רו הברבוב	6.2 NAME			- Silange		
NAME	,		OZ NAWE	1				

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS